

Medical Information and Release Form

Community United Church of Christ
814 Dixie Trail, Raleigh, NC 27608

The following information is provided to assist the Community United Church of Christ staff, volunteers and chaperones, and any necessary health care provider(s) and is accurate to the best of my knowledge:

Participant's Name _____ Date of Birth _____

Address _____
City _____ State _____ Zip _____

In case of emergency, please contact: _____ Relationship _____
Primary phone _____
Other phone _____ Other phone _____

Medication (currently using)

Allergies (to medications)

Allergies (other)

Date of last Tetanus shot _____
Other pertinent medical or dietary information

Primary Physician _____ Phone _____
Address _____
City _____ State _____ Zip _____
Medical Insurance Carrier _____
Policy number _____ Group number _____

Participant (age 18 or over)
Signature _____ Date _____

For participants under the age of 18:

I, _____, (please print) do hereby give my permission for my child, _____, (please print) to participate in activities sponsored and/or administered by Community United Church of Christ, inclusive of transportation.

I hereby authorize and appoint Šánti Matthews to be the temporary guardian of my child. I confer upon the temporary guardian authority to sign on my behalf any and all medical or dental treatment contracts and treatment authorization forms without limitation that the guardian deems necessary for the benefit of my child in the event of illness or injury. I agree to pay such expenses as are incurred, either directly or through submission to my insurance carrier.

I, _____, hereby, for myself, my child, or heirs, executors, administrators or anyone else who might claim on our behalf, covenant not to sue, and to release, waive, and forever discharge any related organizing body including, but not limited to Community United Church of Christ, the temporary guardian of my child, and all other adult staff and chaperones from any liability arising out of my child's participation in activities sponsored and/or administered by Community United Church of Christ.

Signature _____ Date _____