



ANTIOCH CHURCH OF CHRIST

2142 ANTIOCH PIKE, ANTIOCH TN 37013

In consideration for participation in Antioch Church of Christ sponsored activities we (I) being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 21 years of age or older so hereby agree to hold harmless ANTIOCH CHURCH OF CHRIST from any and all liability, claims or demands for personal injury, sickness or death as well as property damages and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in ANTIOCH CHURCH OF CHRIST sponsored trips or activities. Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years old) hereby assume all risk or personal injury, sickness, death, damage, and expense as a result of participation in recreation, food, and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said church, its elders, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to the authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Antioch Church of Christ sponsored activities.

1st Child's NAME: _____ AGE: _____ BIRTHDATE: _____ GRADE: _____

2nd Child's NAME: _____ AGE: _____ BIRTHDATE: _____ GRADE: _____

3rd Child's NAME: _____ AGE: _____ BIRTHDATE: _____ GRADE: _____

ADDRESS: _____ City _____ State _____ Zip _____

PHONE NUMBERS: Parent Home _____ Parent Cell _____ Parent Work _____

PARENT EMAIL ADDRESS: _____ Health Insurance Yes No

Health Insurance Company _____ (attach copy of card) Group # _____

Policy Number _____ Emergency Contact Number _____

Physician Name _____ Physician's Telephone Number _____

Child #1 Participant's Signature _____ Date Signed _____

Child #2 Participant's Signature _____ Date Signed _____

Child #3 Participant's Signature _____ Date Signed _____

Parent/Legal Guardian Signature _____ Date Signed _____

This form is in effect for one calendar year from August 21, 2017 to August 21, 2018.

Please note that it is the responsibility of the person completing this form to provide an updated form in the event that any of the information submitted changes.

2017-2018 LIABILITY & CONSENT FORM

Antioch Church of Christ Medical Information Form

1st Child's Name _____ **Sex** _____ **Child's email** _____

List Allergies: (Drugs, insect stings, poison ivy, hay fever, other) _____

Does this Participant have any medical or health problems, and has this child had any chronic or recurring illness or illnesses which would have an effect on his/her participation in any trip, activity, or sport? _____ Yes _____ No

If yes, please describe _____

Date of last tetanus shot _____ Medications your child takes regularly _____

Instructions for this medication _____

_____ Child may self administer _____ Have an adult administer

Check the over the counter medications that may be administered to your child: _____ Tylenol _____ Advil _____ Tums

_____ Emetrol _____ Benadryl _____ Immodium _____ Cortisone Cream _____ Triple Antibiotic Ointment _____ Cough Drops

_____ Sudafed _____ Other (describe) _____

2nd Child's Name _____ **Sex** _____ **Child's email** _____

List Allergies: (Drugs, insect stings, poison ivy, hay fever, other) _____

Does this Participant have any medical or health problems, and has this child had any chronic or recurring illness or illnesses which would have an effect on his/her participation in any trip, activity, or sport? _____ Yes _____ No

If yes, please describe _____

Date of last tetanus shot _____ Medications your child takes regularly _____

Instructions for this medication _____

_____ Child may self administer _____ Have an adult administer

Check the over the counter medications that may be administered to your child: _____ Tylenol _____ Advil _____ Tums

_____ Emetrol _____ Benadryl _____ Immodium _____ Cortisone Cream _____ Triple Antibiotic Ointment _____ Cough Drops

_____ Sudafed _____ Other (describe) _____

3rd Child's Name _____ **Sex** _____ **Child's email** _____

List Allergies: (Drugs, insect stings, poison ivy, hay fever, other) _____

Does this Participant have any medical or health problems, and has this child had any chronic or recurring illness or illnesses which would have an effect on his/her participation in any trip, activity, or sport? _____ Yes _____ No

If yes, please describe _____

Date of last tetanus shot _____ Medications your child takes regularly _____

Instructions for this medication _____

_____ Child may self administer _____ Have an adult administer

Check the over the counter medications that may be administered to your child: _____ Tylenol _____ Advil _____ Tums

_____ Emetrol _____ Benadryl _____ Immodium _____ Cortisone Cream _____ Triple Antibiotic Ointment _____ Cough Drops

_____ Sudafed _____ Other (describe) _____

Preparer signature: _____ **Date:** _____ **Preparer's name (print)** _____