

**Medical Consent Form-Eastview Christian Church  
RUSH RETREAT FORMS!!!**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Information**

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Business/Cell Phone: ( ) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Business/Cell Phone: ( ) \_\_\_\_\_

If attempts to reach the above contacts are unsuccessful, please try to reach our pediatrician or physician

Name: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_

**Health History**

Allergies	Asthma	Insect Stings
Drug Allergies	Hay Fever	Other _____

**Major Problems**

Diabetes	Nervous Disorder	Emotional Handicap	Physical Handicap
Epilepsy	Seizure Disorder	Chronic Asthma	Mental Handicap
Cardiac	Other _____		

If you have circled any of the above, please give specific details:

\_\_\_\_\_

Activity Restrictions:

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

### Insurance Information

Should your child require medical treatment while participating in a church sponsored event, your own family medical insurance is the primary carrier and will be billed first. Eastview's insurance will be the secondary carrier for submission of the remaining medical costs. This does not guarantee that all remaining costs will be covered by Eastview's carrier.

Policyholder: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

(I)/(We), the undersigned, parents(s) of \_\_\_\_\_, a minor, do hereby authorize the adult sponsors of Eastview Christian Church, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by, and is required to be rendered under the general or special supervision of, any physician or surgeon, and whether such diagnosis or treatment is rendered at the office of said physician or at a hospital or other health care facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which may be determined by a physician or surgeon, as aforesaid, to be advisable in the exercise of his best judgment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

**LIABILITY RELEASE AGREEMENT**

**EASTVIEW CHRISTIAN CHURCH**

**1500 N. Airport Rd.**

**Normal, IL 61761**

The undersigned (herein the "Individual") wishes to participate in the following activity:

RUSH RETREAT

AUGUST 6 & 7<sup>TH</sup>, 2010

EASTER SEALS CAMP - TIMBER POINTE

(herein the "Activity") sponsored by Eastview Christian Church, a nonprofit religious corporation (herein the "Church")

The Church and the undersigned agree that this activity poses a risk which includes, but is not limited to, the following specific risks

**Bus/Van transportation, horseplay, recreational activity**  
as well as similar and dissimilar risks (herein the "Risks").

For and in consideration of the Church allowing the Individual to participate in the Activity, and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the undersigned, for himself or herself, assigns, heirs, and next of kin (herein the "Releasers"), release, waive, discharge, and covenant to not hold liable the Church and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to the Individual or death to the Individual or injury to the property of the Individual *caused by the negligence of Releasers* while the Individual is participating in the Activity.

*The undersigned is fully aware of the Risks and other hazards inherently in the Activity and is voluntarily participating in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage or injury that may be sustained by the Individual while participating in the Activity.*

The undersigned warrants that he or she (and parents or guardians) has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

**CAUTION: READ BEFORE SIGNING**

Date: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_  
Print Participant's Name: \_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_  
Print Name of Parent or Guardian: \_\_\_\_\_