

# Stony Point Church

2330 Buford Road / Richmond, VA 23235  
804.272.8111 / www.stonypointweb.com

## Activity, Medical, Liability & Media Release Form

(Please type or print clearly)

Student Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

In the case of emergency, notify \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

### HEALTH HISTORY:

Allergies:             Insect Stings             Drugs             Other allergies  
Other Conditions:    Heart Condition    Frequent Colds    Chronic Asthma  
 G.I. Issues             Hay Fever             Epilepsy             Diabetes  
 Physical Handicap    Other Conditions

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name medications and dosage information that must be taken: \_\_\_\_\_  
\_\_\_\_\_

Any swimming restrictions:    Yes             No

Any activity restrictions:        Yes             No

What restrictions: \_\_\_\_\_

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance?        Yes             No

If "yes" Name: \_\_\_\_\_ Policy number: \_\_\_\_\_

Address: \_\_\_\_\_

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order injection, anesthesia, or surgery for my son or daughter as deemed necessary."

(over)

**MEDICAL, LIABILITY & MEDIA RELEASE:**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events may occur. By signing this form, the parent or guardian agrees to assume and not to hold this church, its employees, or volunteer assistants liable for damages, losses, or injuries to the person or property for the minor listed on this form. The undersigned also releases the use of photos, videos, etc. of the minor for public media including websites, flyers and brochures. The parent or guardian understands that they are signing for the minor listed on this form and the signature is for activity, medical, liability and media release.

Parent or guardian's signature and date: \_\_\_\_\_

Valid from above date- September 12, 2010