

# Valley Students - Event Registration & Health Form

(Release of Liability - To be completed by parent or guardian)

Office Use Only:

Ck#

**Event:** HS Pool Party **Location:** Avon, CT **Date:** August 2, 2017

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Circle One:** Male / Female

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Relationship:** (Parent / Guardian / Other: \_\_\_\_\_)

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

*IF PRIMARY CONTACT IS NOT AVAILABLE – IN AN EMERGENCY NOTIFY:*

**Secondary Contact:** \_\_\_\_\_ **Relationship:** (Parent / Guardian / Other: \_\_\_\_\_)

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

## INSURANCE INFORMATION (must be completed):

**Insurance Carrier:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_ **Address:** \_\_\_\_\_

## HEALTH HISTORY

- Asthma (do you carry an inhaler?) \_\_\_\_\_
- Ear infections
- Headaches
- Heart trouble
- High blood pressure
- Infection: \_\_\_\_\_
- Fainting, shortness of breath
- Chicken Pox or Measles (circle)
- Operation/other health issues: \_\_\_\_\_

## ALLERGIES:

- Diet Restrictions: Gluten / Dairy / Other: \_\_\_\_\_
- Insects, Bee Stings: \_\_\_\_\_
- Poison Ivy, other plants: \_\_\_\_\_
- Peanuts, other foods: \_\_\_\_\_
- Penicillin, other drugs: \_\_\_\_\_
- Latex
- Does student carry an Epi-Pen?

List medications participant is currently taking, including vitamins. Prescription drugs must have a pharmacy label, including doctor's name:

This history is correct as far as I know. The participant has permission to engage in all trip activities except as noted by me. I authorize the group leader to administer above medications to my child.

Signature/Relationship

Date

In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the group leader or his designate, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above-named child.

Signature/Relationship

Date

## “RELEASE OF LIABILITY”

I represent to Valley Community Baptist Church, Inc. (VCBC) that I am the legal parent or legal guardian of the above-named minor and I consent to his or her participation in this event. I fully understand that this activity involves mingling with individuals and groups, and that there is always the risk of injury, illness, loss or death and related expenses. For myself and the above-named minor I agree to assume all such risks of this event. For myself and the above-named minor I hereby release VCBC and its agents, servants, employees, and volunteers from any and all responsibility or liability for injuries or losses arising out of this event, whether arising from the negligence of VCBC or said persons or otherwise. I waive any claim or cause of action against them that might arise on account of loss, injury, illness or death arising out of the minor's participation in this event, whether resulting from the negligence of VCBC, its agents, servants, employees or volunteers or otherwise.

## AUTHORIZATION

I give permission for my son/daughter to attend the above-named VCBC function. I have read the above Release of Liability” and agree to its provisions.

Signature/Relationship

Date

**Print Name:** \_\_\_\_\_

**Relationship to minor:** \_\_\_\_\_