

Whittier Area Community Church  
8100 Colima Road  
Whittier, CA 90605  
562-945-4500

**JR HIGH SCHOOL MINISTRY**  
**MEDICAL AND LIABILITY RELEASE**

Please Print

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

In Emergency notify: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Health History** List below any allergies, health problems, physical handicaps or special needs of which we should be aware.

\_\_\_\_\_  
\_\_\_\_\_

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

Name and dosage of any medications that must be taken \_\_\_\_\_

Please list any activities in which your student must **NOT** participate: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE:** In the event I cannot be reached in an emergency during WACC jr high school ministry events and outings from June 2011 – June 2012, I hereby give my permission to the physician or dentist selected by the church to hospitalize, secure proper treatment and/or an injection, anesthesia, or surgery for my student as deemed necessary.

**LIABILITY RELEASE AGREEMENT:** This Liability Release constitutes your agreement and the agreement of your student for its owners, agents or employees liable for damages, losses or injuries to person or property. This release constitutes a full and complete release from liability insofar as the church is concerned and an agreement to hold church harmless and relieved of any responsibility for any injury or damage to your student.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN'S INSURANCE CO.**

NAME \_\_\_\_\_

Policy # \_\_\_\_\_ Student's SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_