

Event/Camp Name: \_\_\_\_\_  
Dates of Event/Camp: \_\_\_\_\_

**Medical Consent & Release of Liability Form**  
**Rolling Hills Community Church**  
**1565 Green Valley Road, Danville, CA 94526**  
**(925) 838-7729**

**STUDENT'S GENERAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Date of birth: (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY INFORMATION**

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

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

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

Cell/Pager (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

**HEALTH INSURANCE & LIABILITY INFORMATION**

Do you carry medical/hospital insurance on above student?  Yes  No

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Student Social Security # \_\_\_\_\_ **\*\*Attach copy of insurance card, front & back, to this form\*\***

Family Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List allergies to plants, insects, or medications \_\_\_\_\_

List medical conditions and/or prescribed medications (send with instructions and signed note that we may administer, if needed) \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus shot (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

List past operations or serious injuries with dates \_\_\_\_\_

**Authorization for treatment:** I hereby give permission and consent for my child to be treated by medical personnel and I release Rolling Hills Community Church, Church representatives, chaperones and/or drivers from liability. In the event that I cannot be reached in a medical emergency, I hereby give my permission to secure and administer treatment, including hospitalization, for the care of my child. I understand that I am responsible for any payments and/or bills that are associated with my child's medical emergency. I also understand it is my responsibility to inform Rolling Hills Community Church if any of the above mentioned information changes.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_