

Lord of the Hills Health & Medical Release Form - ADULT

Effective Dates: June 2022- December 2023

*It will be kept in the church office for events throughout this year.
Please update form if changes occur.*

Name: _____ Phone: _____

Birthdate: _____ Age: _____ Gender: _____ Baptism month & year: _____

Home Address: _____

Additional Contact: (Spouse/Parent/Friend) _____

Preferred Phone: _____ Other Phone: _____

If unavailable in an emergency, please notify: _____

Relationship: _____ Phone: _____

Do you carry medical / hospital insurance? Yes / No *If yes, please complete the following or provide a copy of your card.*

Carrier: _____ Group / policy number: _____

Name of physician: _____ Phone: _____

Please check and date any of the following, which have occurred to the participant or in the participant's family:

Conditions

_____ Frequent ear infections
_____ Asthma
_____ Convulsions / seizures
_____ Diabetes
_____ Bleeding / clotting disorders
_____ Hypertension
_____ Psychiatric counseling

Diseases

_____ Chicken Pox
_____ Measles
_____ German Measles
_____ Mumps
_____ Mononucleosis
_____ Heart disease / defect
_____ COVID-19

Allergies

_____ Hay Fever
_____ Ivy Poisoning, etc.
_____ Insect Stings
_____ Penicillin
_____ Other drugs
_____ Foods _____

Please explain any of the above checked and any additional, here and on the back, if needed: _____

Operations or serious injuries: *(please list with dates)* _____

Additional information / suggestions / any restrictions or other health related information including behavioral concerns along with how best to handle these concerns we should be aware of: _____

I agree I am taking responsibility for myself when participating in all activities sponsored by Lord of the Hills. In case of emergency, I give the Lord of the Hills staff and/or volunteer permission to act on my behalf in seeking emergency treatment for me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that Lord of the Hills staff or volunteers are not responsible for any or all related injuries that may occur during these events.

Participant Signature _____

Additionally, by marking here I give Lord of the Hills permission to use photographs, videos, and other recorded likenesses and images of myself in promoting activities sponsored by the church.

Background Check Completed: _____ Online Training Completed: _____ REALM: _____

If Caring Adult will be a driver, attach copies of their Proof of Insurance, License and Registration.