



SAINT TIMOTHY'S EPISCOPAL CHURCH

8101 Beechmont Avenue · Cincinnati, Ohio 45255-3196 · 513-474-4445 · www.sainttimothys.com

MEDICAL INFORMATION AND RELEASES 2011/12 Youth Program Participants and Volunteers

Last Name _____ Phone _____
 First Name _____ MI _____ Birthday ____/____/_____
 Nickname _____ Gender (circle) Male Female
 Address _____ Email address _____
 City, State, Zip _____

EMERGENCY MEDICAL INFORMATION:

Medical information on this form will **only** be used if medical treatment is needed. It will be used for no other purpose.

Social Security # _____ - _____ - _____ (optional) Date of last Tetanus shot _____

Medication(s) you currently take (prescribed & over-the-counter – please list all – this is **extremely** important!)

Medication(s) you **CANNOT** take _____

Any allergies and/or special health problems or concerns _____

Medical insurance information: *Provide a copy of a current insurance card*

Company name _____

Policy # _____

Phone _____

Policy Holder's ID # _____

Address _____

Relationship to policyholder _____

City, State, Zip _____

In an emergency, please contact:

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Day Phone _____

Day Phone _____

Evening Phone _____

Evening Phone _____

Cell Phone _____

Cell Phone _____

Physician information:

Physician name _____

Phone _____



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MEDICAL RELEASE:

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in any youth trip or activity, every reasonable effort will be made to contact the persons listed on the previous page. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, unless specified otherwise, consent/permission is hereby given to all accompanying adult leaders at this event to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel) in cooperation with medical personnel.

I understand that St. Timothy's Episcopal Church does not carry accident or medical insurance on participants or volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

WAIVER OF CLAIMS:

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against St. Timothy's Episcopal Church, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the participant named above or to his or her property, in connection with or incidental to the trip or activity are hereby expressly waived by the applicant and the applicant's family or guardians.

Participants/Volunteers aged 18 years or older:

Signature

Date

Participants/Volunteers under 18 years of age:

Signature

Date

Parent/Legal Guardian Signature

Date

Relationship: (circle)

Parent or Guardian