



P.O. Box 567 Granby, CT 06035 (860) 844-0001

(Form to be filled out by parent or guardian)

Name _____ Birthdate ___/___/___ Age ___ Sex ___

Address _____ City _____ State ___ Zip ___

Parent/Guardian _____ Home Phone _____ Work Phone _____

HEALTH HISTORY

Check what child HAS HAD: ___ear infections ___operation/serious health problems

___heart trouble ___chicken pox ___measles

Check what child NOW HAS: ___infections ___asthma ___other illness

___diet restriction ___potential health problem

Is participant ALLERGIC to: ___bees ___penicillin ___other drugs

___nuts

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 my child named above.

(Signature/Relationship)

Date

ALL INSURANCE CLAIMS WILL BE SUBMITTED TO THE PARENT/GUARDIAN'S INSURANCE COMPANY.

Insurance

Carrier: _____ Address: _____

Policy#: _____

ALL PARTICIPANTS MUST HAVE COMPLETED AND SIGNED THE HEALTH FORM, WHICH WILL REMAIN WITH THEIR GROUP LEADER.

**VALLEY BROOK COMMUNITY CHURCH
RELEASE OF LIABILITY**

Student's Name _____

Address _____ City _____ ST _____ Zip _____

Telephone Numbers of Parent/Guardian: Day _____ Evening _____

During Event _____

EVENT THIS APPLIES TO: _____

DATE: _____

PLACE: _____

Mode of Transportation: Private Car School Bus

The undersigned represents to VALLEY BROOK COMMUNITY CHURCH, Inc. that he/she is the natural parent or legal guardian of the above-named minor; and the undersigned does hereby consent to such minor taking part in the noted activity, with full understanding insofar as such activity will involve mingling with individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such and expense, and does hereby wholly release VALLEY BROOK COMMUNITY CHURCH from any responsibility or liability; and waives any claims or causes of action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving such child, and agrees to hold harmless and/or indemnify VALLEY BROOK COMMUNITY CHURCH in event any such claim should arise, except in situation of gross negligence on the part of VALLEY BROOK COMMUNITY CHURCH or its agents.

AUTHORIZATION

I give permission for my son/daughter to attend the above-named VALLEY BROOK COMMUNITY CHURCH function. I have read the above "Release of Liability" and agree to its provisions.

Signature _____

Date _____

Print Name _____

Relationship to minor _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM