



**Medical History:**

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If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, tendency, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. **Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken.**

**Please answer all the following questions:**

**1) Does your child have allergies to any of the following: (Write details on the lines provided below)**

**Pollen                      Medications                      Food                      Insect Bites                      Other**

**2) Is your child suffering from any of the following diseases: (Write details on the lines provided below)**

**Asthma                      Epilepsy/Seizure Disorder                      Heart trouble/defect                      Diabetes  
Frequent Upset Stomach                      Physical or Mental Handicap**

**3) What is the date of your child's last tetanus shot?**

**4) Please list any major illnesses or surgical procedures your child has had within the last year:**

**5) Please list any additional comments concerning your child's medical situation:**

**6) Should your child's activities be restricted for any medical reason? If Yes, please explain:**

Medical Release Form

**This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Eastwood Church of Christ and its staff of any liability against personal losses of named child.**

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Eastwood Church of Christ. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Eastwood, its ministers, adults, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in said events. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Eastwood, I/we agree to hold Eastwood Church of Christ free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth minister, volunteers, or staff members.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If any information in reference to this form changes, Parent/Guardian must present these changes, in writing, to the Youth Minister. These changes include, but are not limited to: changes in medical history, insurance information, medical conditions, emergency contact numbers, etc.