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Medical and Liability Release Form

Valid from: January 1, 2026 to December 31, 2026

Please sign, date, and return this form to: First Christian Church of Neoga

I release FIRST CHRISTIAN CHURCH, its staff, volunteers, from responsibility and liability for an injury or illness that my child may experience during any activity. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, 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 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 the Church, I/we agree to hold such person 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. In the event of an emergency, I hereby authorize an adult leader, or sponsor to act as an agent for me. I consent to x-rays, medical, dental, or surgical treatment, including hospitalization, if necessary.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Medical Information

Child's Name: _____ D.O.B. ____ / ____ / ____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Known Allergies: _____

Medication Allergies: _____

Contact Lens: Yes or No Date of Last Tetanus Shot: ____ / ____ / ____

Existing Medical Conditions: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____