

MEDICAL RELEASE FORM

NAME _____

GENDER _____ Male _____ Female

DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

ADDRESS _____

CITY STATE/PROV ZIP _____ / _____ / _____

EMAIL _____ PHONE _____

MEDICAL INSURANCE

INSURANCE COMPANY NAME or CANADIAN HEALTHCARE NUMBER _____

INSURANCE COMPANY ADDRESS _____

CITY STATE/PROV ZIP _____

PHONE _____

NAME OF INSURED _____

POLICY # _____

PHYSICIAN PHONE _____

DENTAL INSURANCE (if different than medical insurance listed above)

INSURANCE COMPANY NAME _____

INSURANCE COMPANY ADDRESS _____

CITY STATE/PROV ZIP _____

PHONE _____

NAME OF INSURED _____

POLICY # _____

MEDICAL INFORMATION

Is your son/daughter currently under the care of a physician for a medical problem? _____ Yes _____ No

If yes, please explain...

Is your son/daughter currently taking medication prescribed by a physician? _____ Yes _____ No

If yes, please list each medication and indicate whether or not it needs refrigeration.

_____ Requires Refrigeration
_____ Requires Refrigeration

Please list any over-the-counter medications you do not wish dispensed to your child for treatment of minor ailments or injuries.

Does your son/daughter have any of the following medical conditions? If yes, please explain any details under the condition.

Chronic health problems? _____ Yes _____ No

Allergies (e.g. food, bee stings, medications)? _____ Yes _____ No

Program limitations? _____ Yes _____ No

Is there any other information about your son/daughter that an

attending physician needs to be aware of? Yes No
If yes, please explain...

Date of Last Tetanus _____ / _____ / _____

Date of Last MMR _____ / _____ / _____

PARENTAL CONSENT & MEDICAL RELEASE FORM

_____ (Student's name) will be attending DCLA 2006, _____ (dates) at the _____ (location). As parent(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said student we (I) hereby release, forever discharge, and agree to hold harmless, DCLA 2006, all sponsors, and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said child is participating in DCLA 2006.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to DCLA 2006 to furnish any necessary transportation, food and lodging during DCLA.

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in DCLA 2006, and hereby give DCLA staff permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery or x-rays. We (I) will assume all responsibility for all medical bills, if any are incurred. I understand that if medical treatment is required I will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for DCLA 2006 to publish images of activities and of this participant for the purpose of promoting DCLA through communications channels of DCLA and its' sponsors. We (I) grant this permission freely without reservation.

Parent /Guardian Name _____

Signature Date _____

Parent /Guardian Name _____

EMERGENCY CONTACT

In case of emergency, please contact...

Name _____

Phone _____

Name _____

Phone _____

[PARENT CONSENT & RELEASE]

As a parent/legal guardian of:

(name of participant)

I give my permission for the above mentioned participant to attend Church at the Bay's Student Ministry Trip to Enterprise, AL.

I do hereby release, forever discharge and agree to hold harmless Church at the Bay, the directors, staff and volunteers from any and all liability, claims or demands for and hereby assume all risk for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the student participant while the student is participating in activities, trips or events sponsored by Church at the Bay's Student Ministry.

I hereby grant Church at the Bay, or any adult acting on their behalf permission to seek medical attention and hereby authorize medical treatment as necessary and assume the responsibility of all medical bills, if any.

I understand that if my son and/or daughter cannot follow the trip rules, then he or she may be sent home at my expense. I commit to pray for the safety and spiritual growth of my young person while they are on the camping trip.

Parent/legal guardian signature

Parent/legal guardian printed name

Date
