

Chaparral Christian Church Youth Ministry

MEDICAL RELEASE/CONSENT FORM

PARTICIPANT INFORMATION

NAME: _____ DATE OF BIRTH: _____
HOME ADDRESS: _____ HOME PHONE: _____
CITY/STATE/ZIP: _____ CELL PHONE: _____

Check all that apply: Male Female High School Student Jr. High Student Adult Leader/Sponsor

PARENT/GUARDIAN INFORMATION

NAME: _____
HOME ADDRESS (if different from above): _____
CITY/STATE/ZIP: _____ CELL PHONE: _____
DAY PHONE: _____ NIGHT PHONE: _____
If parent is unavailable, another responsible party is:
NAME: _____ DAY PHONE: _____
RELATIONSHIP TO CHILD: _____ NIGHT PHONE: _____

MEDICAL INSURANCE INFORMATION

DOCTOR: _____ PHONE: _____
INSURING PARENTS NAME: _____
INSURANCE COMPANY: _____ POLICY #: _____
DENTIST: _____ PHONE: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, listed above as the participant, to attend and participate in activities sponsored by Chaparral Christian Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, the undersigned shall assume all transportation costs from the youth group's location. If a student is sent home for disciplinary reasons from in town activities parents will be responsible for picking up students from activity location as well as any cost incurred. I further understand that any money paid for the activity will be forfeited.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Chaparral Christian Church.

Participant: I am over the age of 18 as of this date. Y N

Participant Date

Father or Mother Date

Legal Guardian Date

Notary Information

Subscribed and sworn before me
this day: _____

Notary Public

My commission expires: _____

Please complete Medical History on the back of this form.

Medical History

Check the appropriate information.

Asthma Sinusitis Bronchitis Kidney trouble Diabetes Heart trouble
 Dizziness Stomach problems Hay fever

Other: _____

Allergies

Foods _____ Drugs _____

Insects _____ Vegetation _____

Previous operations or serious illnesses _____

Name and dosage of current medications:

Special Diet _____

Blood type _____ Date of last tetanus shot _____

(Group leaders must be informed of any prescription medication brought by youth, with clear information as to proper use and dosage. If medication is as needed, your child must understand the symptoms of their condition and know when to ask for help.)

Please check which over-the-counter medications you will ***NOT*** allow to be dispensed to this participant:

aspirin Acetaminophen Nasal Decongestant Pepto Bismal Ibuprofen
 cough suppressants

Other conditions or special care needs:

Parents are responsible for updating this information should any changes occur.

If all information on this form remains current, please sign and date below to update

____/____/20____
____/____/20____
____/____/20____
____/____/20____