



YOUTH PERMISSION & MEDICAL RELEASE FORM

Event: BigStuf Camp **Date:** July 15-21, 2018

Student's Name: _____ Date of Birth: ____/____/____ Male Female (circle one)

Mother or Legal Guardian (circle one) Full Name: _____

Father or Legal Guardian (circle one) Full Name: _____

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY, GIVE MY PERMISSION FOR HIM/HER TO PARTICIPATE IN THE YOUTH ACTIVITY ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND COMFORM TO DIRECTIONS AND INSTRUCTIONS OF THE CORE CHURCH PERSONNEL RESPONSIBLE FOR THIS ACTIVITY.

I agree that in the event that my child is injured as a result of his/her participation in the above named activity, including organized transportation to and from this activity, whether or not caused by the negligence (active or passive) of the church's youth activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by parent or guardian insurance or any available benefit plan of parent or guardian.

I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity.

I, hereby, give permission to the medical personnel selected by the youth activity supervisory personnel present, should parents/guardians not be available for permission or consultation, to render medical treatment deemed necessary and appropriate by the physician, R.N., or dentist.

I understand that during the activity my child may be transported to and from the activity site via a personal vehicle. Parents/guardians of participants are advised that photographs and/or videotapes of participants may be used on publication, websites, or other materials produced periodically by Core Church. (Participants would not identified, however, without specific written consent.) Parents/guardians who do not wish for the child(ren) to be photographed or filmed should notify the Core Church office in writing. Please note that the office has no control over the use of the photographs or film taken by media that may be covering the event in which your child(ren) participate.

MEDICAL HISTORY & INFORMATION

Allergies: _____

Date of last tetanus shot (month/year): ____/____

Physical impairments/limitations: _____

Other health issues to be aware of (illness, etc.): _____

Please check which applies:

____ I am covered by hospitalization and medical insurance under policy # _____ issued by _____ . The subscriber's name is _____ . The family physician is _____ , and he/she can be reached at (phone #) _____ .

____ I have included a photocopy of my insurance card.

MEDICAL TREATMENT PREFERNCES

Medications: My child is taking medications at present during this event. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

I, hereby, grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (check all that apply):

- Tylenol Benadryl Advil Sudafed Midol Pepto Bismol Neosporin Kaopectate Imodium
 Other _____

Add any dietary restrictions: _____

Parent/Guardian Information

Home phone number: _____

Work phone number father/guardian: _____

Work phone number mother/guardian: _____

Cell phone number father/guardian: _____

Cell phone number mother/guardian: _____

Non-parental emergency contact: Name: _____ Phone #: _____

I acknowledge that if any information changes, I will notify Core Church.

Date: _____ Parent/guardian signature: _____