

Additional Information (provide any additional info about participants behavior and physical, emotional, or mental health that we should be aware of)

Restrictions Explain any restrictions to activity (e.g. what cannot be done, what limitations or adaptation are necessary)

Medical Release

I authorize the use of over-the-counter medications (e.g. Tylenol, Benadryl, Imodium, Eye Drops) to be given as needed at the discretion of the Student Pastor or Event Leader. (Not authorized if these medications are listed as allergen to restricted)

Each participant is required to be covered by his/her own personal medical insurance. All expenses for care are the responsibility of the participant.

I understand that students who have potentially life threatening conditions (such as peanut allergies) are required to be able to manage their exposure to those substances and have medications readily available for use.

In the event that he/she is injured while attending these events and requires the attention of a doctor, I consent to any medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my consent, I hereby authorize

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to give such consent for me if I cannot be reached by telephone or, because of an emergency, there is not time or opportunity to obtain consent. In the event it becomes necessary for that person to give consent for me, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

This health history is correct and complete as far as I know, and the participant herein described has permission to engage in all event activities except as noted.

I have read, understood and accept the conditions of participation and medical release.

Signature:

Insurance Co:

Policy ID/Number:

Insurance Phone #: