



Christian Life Center Medical Information/Release Form (Youth)

DATE _____

PARTICIPANT INFORMATION

Participant's Name _____

Permanent Address _____

City, State, Zip _____

Date of Birth _____ Gender _____

Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

Name of Family Doctor _____

Backup Contact (Relative or Friend)

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes No*

* If no, initial this line stating that you do not have health insurance and are aware that Christian Life Center does not carry any health insurance for you. _____

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____

Address _____ Relation to Participant _____

City, State, Zip _____ Occupation _____

P.H.'s Employer's Name/Address _____

Insurance Company Name _____

Policy # _____ Plan # _____

Health Information (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- Asthma
- Diabetes
- Convulsions/seizure
- Migraine headaches
- Bronchitis
- Ear Infections
- Hay Fever
- Other condition(s): (Please list) _____
- Fainting Spells
- Heart or cardio-vascular problems/disease
- Chronic bone, muscle or joint injuries

Allergies or reactions: (Check all that apply.)

- Aspirin
- Penicillin
- Insect bites or stings
- Dairy
- Ivy/oak/sumac toxins
- Gluten
- Peanuts
- Other (list) _____

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

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Date of last tetanus shot (approximate if necessary): _____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

_____ Participant Signature

_____ Date

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in certain activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the Christian Life Center (CLC) staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the Christian Life Center staff or volunteer to secure and administer treatment for my child, including hospitalization.

_____ initial _____ date

PUBLICITY/IMAGE/VOICE PERMISSION

Christian Life Center routinely takes photographs and/or video of our activities. During activities, a photograph or video recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Christian Life Center to photograph, film, video tape, record and/or televise your image and/or voice or the image and/or voice of your child, in any medium now known or developed in the future without any restrictions. If you object to CLC using you or your child's image or voice in this manner, please notify the adult leader. _____ initial _____ date

TRANSPORTATION

I am giving my permission for my child to be transported to and from Christian Life Center activities or events by any driver designated by the CLC leadership. I understand that CLC does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Washington.

_____ initial _____ date

CLC ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for _____ to participate in CLC activities. I understand that CLC activities/events may involve certain risks of physical activity and possible injury and that Christian Life Center's staff and/or volunteer(s) will provide each participant with reasonable care, but that CLC cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the CLC activity and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Christian Life Center and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the CLC activity.

_____ Parent or Guardian Signature

_____ Date

(Must be signed by the parent or guardian if the participant is under 18 years old)

