

MEDICAL HISTORY PERMISSION / WAIVER FORM -2010

Name of Child (please print) _____ Male/Female ___

Address _____

City _____ State _____ Zip _____ Phone _____

Print the names of parent(s) and/or legal guardian(s) _____

Age of Child _____ Birth Date _____ Academic Grade (or grade completed) _____

Church _____

Email Address _____

Activity: (Check ONE) **Teen Camp 10(7/12-17)** _____ **Junior Camp 10 (7/25-20)** _____
LIT 10 (3/18-20) _____ **Creation 10 (6/29- 7/4)** _____ **Young Adult Retreat 10 (7/15-17)** _____

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release NORTH COUNTRY BAPTIST YOUTH MINISTRY and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against NORTH COUNTRY BAPTIST YOUTH MINISTRY or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless NORTH COUNTRY BAPTIST YOUTH MINISTRY and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of NORTH COUNTRY BAPTIST YOUTH MINISTRY to seek and secure any needed medical attention or treatment for the child name above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Publicity

On occasion, NORTH COUNTRY BAPTIST YOUTH MINISTRY takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in NORTH COUNTRY BAPTIST YOUTH MINISTRY publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above, or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Medical History

Special medical needs or concerns (allergies, conditions, seizures, asthma, surgeries, dietary needs, etc.):

Date of last tetanus booster? _____

Current Medications

Please list any prescription or non prescription medications which the participant is currently taking and dosage:

Health Insurance

Health insurance information: Insurance Company _____

Policy Number _____ Phone Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:

Parent/Guardian _____ Home _____ Work _____

Parent/Guardian _____ Home _____ Work _____

Other _____ Home _____ Work _____

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. In consideration for allowing the participation of the child in the activities of NORTH COUNTRY BAPTIST YOUTH MINISTRY, I hereby consent to the Permission/Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian Date

Print Name of Parent or Legal Guardian

Witness Signature Date

Young Person's Agreement

I agree to participate in the functions and activities of church name, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature Date