

Medical Release Form for Winter Camp 2011

Please be sure to include a copy of your medical insurance card, THANK YOU!

Student Name: _____

Address: _____

City: _____ Zip: _____ Phone _____

Date of Birth: _____ Age: _____ Weight: _____

Do You Have Medical Insurance? Yes _____ No _____

If So, Who is Your Insurance Provider? Name: _____

Insurance Policy Number: _____ Child's Physician: _____

Physician's Phone Number: _____ Preferred Hospital: _____

Medical History: _____

Check if minor is subject to ANY of the following:

- | | | | |
|---|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Colds | |
| <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Fainting | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Allergies | <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Headaches |

Date of Last Tetanus Shot: _____

Allergic Reactions:

Aspirin _____ Bee Stings _____

Penicillin _____ Specific Foods _____

Other allergies/comments pertinent to child's health: _____

Any activity restrictions? Yes No (If yes, please explain) _____

This form authorizes a nurse or adult supervisor designated by New Harbor Community Church to provide basic first aid, and to administer over the counter medicines to the above student in the event of injury or illness. In the event of any injury or illness unable to be treated by first aid or over the counter medicines, you will be notified and your child may be taken to a nearby hospital or clinic for treatment, if necessary. **INITIAL:** _____

Please list the medicine (s) taken by the student, the time/dosage schedule, and the reason for taking them:

Please initial if OK to administer this medication to your student:

- ◆ Tylenol/Advil for minor pain/fever _____ PARENTS INITIALS
- Tums/Pepto Bismol for minor stomachache _____ PARENTS INITIALS

I/We, the undersigned, understand that at New Harbor Community Church, Benicia, California, strenuous physical activity, is a regular part of Winter Camp 2011. Specifically, Winter Camp 2011 will include, but not be limited to, the following activities: transportation by bus, play in the snow, running and general play activities.

To the best of our knowledge, our child, _____ is in excellent physical and mental health, and needs no restrictions from strenuous physical activity. If we have any questions regarding our child's health, we understand that it is our obligation to seek professional medical advice and to inform New Harbor Community Church of any health problems and restrictions on our child's activities in writing. We, hereby authorize, New Harbor Community Church in Benicia, CA, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable or necessary by, and is to be rendered under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act of the State of California, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act of the State of California.

It is understood and agreed that this **authorization is given in advance** of any specific diagnosis, treatment, or hospital care, which the aforementioned physician in the exercise of his best judgment may deem advisable or necessary. I give my full consent for my child to attend any event sponsored by New Harbor Community Church. I will not hold New Harbor Community Church, staff, nor advisors responsible nor liable in any way for accidents or injuries that my child may incur while on an outing away from New Harbor Community Church or at an event on the grounds of the church. I also acknowledge that it is my responsibility to communicate to my child, the need for his/her safe behavior and conduct on all such activities.

PARENT/GUARDIAN NAME/PLEASE PRINT

SIGNATURE & DATE

Daytime Phone: _____ Nighttime Phone: _____

Cell Phone / Pager: _____

Please include the name, address, telephone and relationship of two people that can be notified in the event that you cannot be reached:

Name: _____ **Relationship:** _____

Work Phone: _____ Home Phone _____

Home Address: _____

Name: _____ **Relationship:** _____

Work Phone: _____ Home Phone _____

Home Address: _____