



DYC 2012

STUDENT MEDICAL AUTHORIZATION FORM



Church attending with: _____

Group leader: _____ Phone: _____

Participant: _____ Phone: _____

Address (street/city/state/zip): _____

Birthdate: ___ / ___ / ___ Age: ___ Gender: _____ Grade completed: _____

Parent/Guardian: _____ Phone: _____

In case of medical emergency, contact:

Name: _____ Phone: _____

Medical insurance

Insurance Name: _____ Policy # _____

Current Medications: _____

↑ ***DO NOT Leave Policy # Blank!!*** ↑

Allergies or Current Medical Conditions: _____

If you do not have Medical Insurance YOU MUST FILL OUT THE INSURANCE WAIVER ON BACK

[] I DO NOT HAVE MEDICAL INSURANCE AND HAVE FILLED OUT THE BACK

As parent/legal guardian of the above named participant, I give permission for my child to be involved in District Youth Conference on February 17 - 20, 2012 with the Pacific Northwest District of the Christian & Missionary Alliance. I understand that the church (listed above) and its appointed group leader (named above) will be responsible for my child and that he/she will be under their supervision. I give permission for my child to appear in promotional materials such as photographs and videos following this event.

I understand that in the event of a medical emergency, an earnest attempt will be made to contact me or the emergency contact listed above. In the event that I cannot be reached, I hereby give permission to the physician to hospitalize, secure treatment for, and order injection, anesthesia or surgery if circumstances warrant such action.

As parent/legal guardian of the above named participant, I assume the risk for my child's behavior or conduct outside of the standards of the conference and Christian character. I also hold the PNW District of the C&MA, its agents, employees and representatives harmless from any liability to any other person or entity arising as a result of the conduct of my child in this conference and agree to defend and indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such conduct.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Group Leader: Make one copy of this form for each student to complete. (Counselors/leaders should complete and sign for themselves.) This is the only release form that will be accepted. It must be filled out completely and signed by at least one parent or legal guardian. Make one copy of this form for yourself and send one copy with your group registration. Bring your copy with you to DYC.

Medical Insurance Absence Waiver

Only to be filled out should you NOT have medical insurance

I understand that the PNW District Office of the C&MA liability insurance does not cover medical issues that are not directly caused by negligence. This can include injury or sickness caused by a person due to horseplay, self inflicted accidents, common sickness and the like. This may include but is not limited to colds, stomach cramps, fainting, seizures, broken teeth, trips and falls causing the need for stitches or even broken bones.

I understand that hospitals will see my child without insurance only for life-threatening issues. If my child is sick or hurt in a non life-threatening way, I am committed, willing and available to personally drive and pick up my child and personally take them to seek medical attention. I understand that even minor issues may cause me to come pick up my child so that the responsibility of the health of my child remains on me and not on the Christian & Missionary Alliance.

Parent/Guardian Signature: _____

Parent/Guardian Name (PRINT): _____

Date: ____/____/____

Phone: _____ Cell: _____

If not available at this number please call:

Name: _____ Phone: _____

Group Leader: Make one copy of this form for each student to complete. (Counselors/leaders should complete and sign for themselves.) This is the only release form that will be accepted. It must be filled out completely and signed by at least one parent or legal guardian. Make one copy of this form for yourself and send one copy with your group registration. Bring your copy with you to DYC.