

## Central MN Youth For Christ Health Form

Date: \_\_\_\_\_ Name \_\_\_\_\_ D/O/B \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Who to contact in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Alternate Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

### Health History:

(check any that apply): When or how often?

\_\_\_\_ Frequent ear infections \_\_\_\_\_

\_\_\_\_ Heart disease/defect \_\_\_\_\_

\_\_\_\_ Seizures \_\_\_\_\_

\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_ Bleeding/clotting disorders \_\_\_\_\_

\_\_\_\_ Hypertension \_\_\_\_\_

\_\_\_\_ Psychiatric treatment \_\_\_\_\_

\_\_\_\_ Asthma \_\_\_\_\_

\_\_\_\_ Sleep Walking \_\_\_\_\_

\_\_\_\_ Athlete's Foot \_\_\_\_\_

\_\_\_\_ Mononucleosis \_\_\_\_\_

\_\_\_\_ Chicken Pox \_\_\_\_\_

\_\_\_\_ Measles \_\_\_\_\_

\_\_\_\_ German Measles \_\_\_\_\_

\_\_\_\_ Mumps \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

### Fears/Anxieties:

\_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_

All medications must be in original container.

Other Health History: \_\_\_\_\_

### Verification of Information:

I verify that all the information communicated about my child above is true and current. I do not hold CM YFC or their volunteers or ministry partners responsible for errors in this information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release Form: Adventure Camp in Clark, Wyoming, July 18—August 14, 2010, Central Minnesota Youth For Christ and Partnering Ministries (Harvest Fellowship, Peace Lutheran Church, Bridge Community Church, and Becker Baptist Church)

I understand that all reasonable precautions will be taken at all times by Youth for Christ and its partners during adventure events and activities (Rock climbing, mountain biking, skiing, kyaking, horseback riding, etc.). However, I understand that adventure ministry activities carry with them certain risks and that minor injuries such as scrapes, cuts, and bruises are a normal part of adventure activities. I understand that the equipment and methodology used during adventure activities is designed to help prevent major injuries and/or death while taking part in the activities but cannot totally eliminate these possibilities.

I understand that in the event that medical attention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that my emergency contact cannot be reached in an emergency during an adventure activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed medically necessary. I agree to pay all medical costs and expenses incurred in connection with such medical and dental service rendered to the child mentioned below.

I also understand that no weapons, alcohol, or other drugs, or flagrant disobedience to authority are allowed at this function and should my child be found with any weapons, alcohol, or other drugs, or flagrantly disobeying authority, (s)he will be sent home and the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the aforementioned ministries. I hereby give CM YFC my full permission to use any photographs, video footage, or any other type of media taken for any purpose they so choose.

By proof of my signature upon this form I acknowledge the above risks and hazards and I agree not to hold Youth for Christ, its leaders, employees, volunteers, or ministry partners liable for damages, loss, diseases, or injuries by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**YOUTH PARTICIPANT:** I understand and agree with the above guidelines and information. I will abide by them or assume the consequences.

Youth Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADULT PARTICIPANT:** By proof of my signature upon this form I acknowledge the above risks and hazards and I agree not to hold Youth for Christ, its leaders, employees, or partners liable for damages, loss, diseases, or injuries by the subject of this form.

Adult Volunteer/participant Signature \_\_\_\_\_ Date \_\_\_\_\_