

Northside Church of Christ IGNITE Student Ministry Medical & Travel Release Form

Effective dates: September 1, 2011 to August 31, 2012

Please print or type. All information is requested to assist us in identifying appropriate care for participants and is confidential.

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Birthdate _____ Age _____

Home Address _____ Home Phone (_____) _____

City _____ State _____ Zip Code _____

Student lives with Mother Father Guardian: _____

Father's Name _____ Work Number (_____) _____ Alternate Number (_____) _____

Mother's Name _____ Work Number (_____) _____ Alternate Number (_____) _____

Emergency Contact _____ Relationship _____

Home Number (_____) _____ Work Number (_____) _____ Alternate Number (_____) _____

Medical Contact Information

Name of Family Dentist _____ Office Phone (_____) _____

Name of Family Doctor _____ Office Phone (_____) _____

Hospital of Choice (if available as option) _____

Is student covered by medical or hospital insurance? (circle one) Yes No

Insurance Carrier _____ Policy/Group Number _____

Insurance Carrier Contact Information _____

This policy **does** **does not** (please circle) requires seeing a primary care physician. PCP : _____

Health History

Check all that apply. Give dates where available. Please provide any addition information needed for explanation.

_____ Frequent ear infections

_____ ADD/ADHD

_____ Heart defect/disease

_____ Convulsions/seizures

_____ Diabetes

_____ Bleeding/clotting disorders

_____ Migraine headaches

_____ Mononucleosis

_____ Asthma

Diseases

_____ Chicken pox

_____ German measles

_____ Bone/joint defects or back problems

If additional space is needed for explanation, please attach to it to the medical form.

Operations or serious injuries (please include dates) _____

Chronic or recurring illness or medical condition _____

* Activities encouraged or limited by physician _____

* Dietary restrictions _____

Additional health information _____

All information included in this document is correct as far as I know, and student herein described has permission to engage in all Northside Church of Christ activities, except as noted. **Authorization for Treatment:** I hereby give my permission to the medical personnel selected by Northside Church of Christ to order X-rays, routine tests, or treatment; to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for my student. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the student named above. The completed form may be photocopied for all trips and activities.

Signature of parent or guardian _____ Date _____

* I also understand and agree to abide with restrictions placed on my activities and dietary restrictions.

Signature of student _____ Date _____

Travel Consent

The above- named student has my consent to travel to and/of from each event and/or activity participated in by the Northside Church of Christ in a Northside Church of Christ assigned vehicle. I permit my student to ride in any vehicle which has been approved and driven by Northside Church of Christ assigned personnel. I give my permission for my student, upon appropriate age, to drive a vehicle to and from events and/or activities. I understand that my student may not be chaperoned/supervised while enroute to and from events and/or activities. I give my student permission to transport other students to and from events and/ or activities. I understand that any student who does not conduct himself/herself properly may be sent home at parent's expense, prohibited from participating in future activities, and/or subjected to other appropriate disciplinary actions.

Signature of parent or guardian _____ Date _____

I have discussed with my parent/guardian the guidelines regarding my riding in vehicles driven by other people, both adults and other students. I have discussed with my parent/guardian the guidelines regarding my driving a vehicle, both with and without other passengers. I understand and accept the responsibilities which come with driving and riding in vehicles.

Signature of student _____ Date _____

