

Church of the Open Door Kids Ministry

Release and Medical Info Form

Effective: June 2010 - June 2011

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Please print in ink

Name _____ Age _____ Date of Birth _____ Male Female
LAST FIRST MIDDLE

Graduation year _____ Student's e-mail address _____ Parent's e-mail address _____

Parent/Guardian name _____ Phone: Home _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Second parent name _____ Phone: Home _____ Work _____ Cell _____

Medical insurance company _____ Policy # _____ Group # _____

Insured name _____ Insured Employer _____

Emergency contact _____ Phone: Home _____ Work _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

Check (Give approximate dates)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood disorders |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Autism/Tourettes | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Mumps | | |

Allergies

Check (No dates necessary)

- | | |
|---|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Other (incl. food) _____ | |
| <input type="checkbox"/> Drugs (specify) _____ | |

Other Medical Conditions/ Illnesses including mental health concerns (depression, anxiety, etc.)

Dietary restrictions _____

Current Medications (list prescription, over-the-counter and herbal)

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Blood type (if known) _____ Are all immunizations current? (MMR, tetanus every 10 years, hepatitis) yes no

For your child's safety and our knowledge, is your student a
 good swimmer fair swimmer non-swimmer

For your information, we expect each student to conform to these rules of conduct

- | | | |
|--|---|--|
| No possession or use of alcohol, drugs, or tobacco | No boys in girls' sleeping quarters and no girls in boys' sleeping quarters | Respect and comply with event schedules |
| No fighting, weapons, fireworks, lighters, or explosives | Participation with the group is expected | Students who fail to comply with these expectations may be sent home at their parents' expense. |
| No offensive or immodest clothing | Respect property
Respect one another, staff, and adult leaders | |

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church kids staff prior to that event.*

Parent/Guardian Signature _____

Date _____

Church of the Open Door Kids Ministry Waiver and Release from Liability

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Student's Signature _____

Date _____

Initial ____ Church of the Open Door is not responsible for the loss or theft of personal belongings.

Initial ____ I understand and authorize that my student's image may be photographed or filmed and used in an Open Door video presentation, printed publication, and the web site.

Initial ____ In the event of repeated student misconduct, I authorize the staff to send my student home at the parent's expense. I will not receive a refund from the event.

Initial ____ The undersigned or a member of the immediate family of the undersigned desires to participate in various programs, events, or activities (hereinafter collectively referred to as "activities") operated or sponsored by the Church of the Open Door (hereinafter referred to as the "church").

The undersigned or a member of the immediate family of the undersigned realizes that the undersigned or a member of the immediate family of the undersigned may incur personal injury or bodily damage while participating in such activities, and acknowledges that the church would not allow the undersigned or a member of the immediate family of the undersigned to participate in such activities without releasing and holding harmless the church and in consideration thereof agree to hereby release, and forever discharge the church, its officers and its directors, and its employees, its agents, and any parties volunteering on behalf of the church, from all actions, claims, damages, costs, expenses or damages or any kind growing out of or related to any activity of the church, in which the undersigned or a member of the immediate family of the undersigned participates.

The undersigned or a member of the immediate family of the undersigned further acknowledges that this is a full and complete release for all injuries and damage which the undersigned or a member of the immediate family of the undersigned may sustain as a result of the undersigned's or a member of the immediate family of the undersigned's participation in any church program.

Initial ____ I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a Church staff member.

Initial ____ I give permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over-the-counter antacids as needed.

Student's Name _____

Parent/Guardian Signature: _____ Date: _____