

# DYC 2010

## Individual Student Medical Authorization Form



Church attending with: \_\_\_\_\_

Group leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (street/city/zip): \_\_\_\_\_

Birthdate: / / Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade completed: \_\_\_\_\_ or Counselor

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 12-15, 2010 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 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 NYC.**