

2010

Medical/Liability Release Form

Christ's Church of Oronogo Student Ministry



PERSONAL INFORMATION:

Participant's Name: _____ Today's Date: _____

Home Phone #: () _____ Current Grade: _____

Address: _____ City _____ Zip: _____

PARENTAL/GUARDIAN CONSENT:

As the parent or legal guardian of the above named minor, I give my permission for him or her to participate in activities, events, and programs of Christ's Church of Oronogo during the year January 1, 2010, through December 31, 2010. I understand the inherent risks that are involved in these activities and hereby release CCO, its staff, employees and volunteers from responsibility and liability for any injury or illness sustained during these activities, events, and programs.

Further, I do authorize the minister, adult leader, or sponsor of the activity, event, or program, or any CCO staff member, in the event I cannot be reached by phone, to give consent to a physician and or hospital for emergency medical or surgical treatment. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Christ's Church of Oronogo to use photographs and video footage of the participant for promotional materials.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

MEDICAL INFORMATION:

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

PRIMARY NAMED INSURED ON POLICY: _____

PHYSICIAN: _____ PHONE: () _____

Emergency Contact Parent/Guardian: _____

Work Phone: () _____ Cell Phone: () _____

Emergency Contact Person (Other than above): _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Please flip over and fill out the backside of form.

Participant's Name: _____ Birth date: _____

CONFIDENTIAL MEDICAL HISTORY

Do you regularly have or have had any of the following symptoms or conditions?

	Yes	No		Yes	No		Yes	No
1. High blood pressure	_____	_____	18. Knee/ankle prob.	_____	_____	35. Medical/Equip. device	_____	_____
2. Heart disease	_____	_____	19. Neck/back prob.	_____	_____	36. Stomach Ulcers	_____	_____
3. Heart Murmur	_____	_____	20. Leg/foot prob.	_____	_____	37. Intestinal prob.	_____	_____
4. Irregular heartbeat	_____	_____	21. Headaches	_____	_____	38. Active bedwetting	_____	_____
5. Tuberculosis	_____	_____	22. Head injury	_____	_____	39. Chest pain/pressure	_____	_____
6. Hepatitis	_____	_____	23. Jaundice	_____	_____	40. Heart palpitations	_____	_____
7. Seizure disorder	_____	_____	24. Heatstroke	_____	_____	41. Unexplained sweating	_____	_____
8. Bleeding disorder	_____	_____	25. Bladder/kidney prob.	_____	_____	42. Freq. dizziness/fainting	_____	_____
9. Anemia	_____	_____	26. Thyroid prob.	_____	_____	43. Freq. Shortness of breath	_____	_____
10. Blood disorder	_____	_____	27. Endocrine disorder	_____	_____	44. Heart burn	_____	_____
11. Asthma	_____	_____	28. Hearing impairment	_____	_____	45. Muscle cramps	_____	_____
12. Diabetes	_____	_____	29. Vision impairment	_____	_____	46. PMS or menstrual prob.	_____	_____
13. Hypoglycemia	_____	_____	30. Motion Sickness	_____	_____	47. Broken bones	_____	_____
14. Anorexia/Bulimia	_____	_____	31. Sleep walking	_____	_____	48. Arm/shoulder prob.	_____	_____
15. Skin problems	_____	_____	32. Currently pregnant	_____	_____	49. Genetic disorders	_____	_____
16. Hot/Cold intol.	_____	_____	33. Special diet	_____	_____	50. Cancer	_____	_____
17. Circulation prob.	_____	_____	34. Learning disability	_____	_____			

Please explain any "yes" responses (with item number):

ALLERGIES (Drugs, food and environment with description of reaction):

CURRENT MEDICINES TAKEN (Prescription and over-the-counter):

DRUG	DOSE	Time Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL CONSIDERATIONS & INFORMATION:
