

# Winter Camp 2019 Consent Form

Name of student \_\_\_\_\_ Birth date \_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Other person and/or number to call in emergency \_\_\_\_\_

## Medical Information

Is your student presently being treated for an injury, sickness, or allergy, and taking any medication?

Yes  No If yes, please explain.

\_\_\_\_\_

Does your student have, or has your student ever had, any of the following? (Please check all that apply.)

Asthma  Hay Fever  Kidney Disease  Diabetes  Heart Murmur  Seizure Disorders

Please explain: \_\_\_\_\_

Does your student have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity?  Yes  No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

## Consent and Certification

I, the undersigned, being the parent/legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of **Canyon Hills Friends Church**, and any other supervised activities customarily associated with its youth group. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth pastor in writing.

## Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: Matt Dietz or any another adult chaperone designated by the pastor (Matt Dietz).

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray exams, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that **Canyon Hills Friends Church** will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth pastor in writing of any health changes that would restrict my youth's participation in any normal youth activities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date