



**Medical Information**

**Dates:** \_\_\_\_\_

**Event/Activity:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Cost:** \_\_\_\_\_

Name: _____		Birthdate: _____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address: _____ _____					
Phone Number: _____					
<b>Emergency Contact Information</b>					
Name: _____			Name: _____		
Relationship: _____			Relationship: _____		
Phone Number: _____			Phone Number: _____		
Insurance Provider: _____			Policy #: _____		
Insurance Number: _____			Group #: _____		
Allergies:			Dietary Restriction:		
Medications (include dosage): _____					
Is the student currently under a physician's care for any acute or chronic medical condition: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does the student have any history of:					
<input type="checkbox"/> Anemia <input type="checkbox"/> Anxiety <input type="checkbox"/> Appendicitis <input type="checkbox"/> Arthritis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Diabetes <input type="checkbox"/> Digestive disorder <input type="checkbox"/> Epilepsy/seizure <input type="checkbox"/> Heart condition <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hernia <input type="checkbox"/> Hypertension <input type="checkbox"/> HIV <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Other: _____					



## Consent and Release

**Transportation Consent:** We understand that transportation will be provided by Resurrection volunteers. All drivers of vehicles will be appropriately licensed and over the age of 21. We understand that most transportation will be done in privately owned vehicles that are in good condition and considered safe.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Release:** The undersigned legal guardian acknowledges that even though every effort is made to provide a safe, accident free environment, incidents may occur. In consideration, we do hereby release forever, discharge, and agree to hold harmless the aforementioned student ministry of any nature whatsoever which may be incurred by the undersigned and the student-participant that occur while said student is participating in this event. Furthermore, we (I), hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for medical treatment:** I, the undersigned, hereby authorize any necessary medical treatment for the applicant. I also guarantee all payment of all charges incurred during this medical treatment.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_