

**CCYM MEDICAL/MEDICATION/LIABILITY
RELEASE AGREEMENT**

Personal Information

Name _____ Age _____
Address _____ City, _____
State _____ Zip _____
Cell Phone _____ Email (neatly) _____
Birth Date _____ School Attending _____ Grade (21-22) _____

ACTIVITY/RETREAT _____ **Date of Activity/Retreat** _____

Medical Information

In Emergency, Notify _____ Phone _____
Doctor _____ Phone _____

HEALTH HISTORY: Allergies and other conditions. If you have a food allergy, please note the specific foods

| | | |
|---------------------------|-------------------|--|
| ___insect allergies | ___drug allergies | ___food allergies to: _____ |
| ___frequent colds | ___heart | ___asthma _____ |
| ___physical handicap | ___epilepsy | ___hay fever _____ |
| ___frequent stomach upset | ___diabetes | ___other (if other please explain below) |

If you checked any of the above or "other" please give details (i.e. include normal treatment of allergic reactions):

Date of last tetanus shot _____ Last physical/medical checkup _____

Is EpiPen or an equivalent used? If so list circumstances & treatment needed: _____

Swimming restrictions: ___No ___Yes Explain _____

Activity restrictions: ___No ___Yes Explain _____

Medications

This section must be completed by every student attending this activity/retreat, whether or not you are bringing medications. There is a box below that can be checked if you are not bringing any OTC or prescription medications with you.

This section requires both a parent and student signature for compliance.

For your own safety, and the protection of other students, you are required to list any over the counter (OTC) medications you are bringing with you, as well as any prescription medications that you are bringing. **NO prescription or OTC medications can be brought to this activity/retreat without this information being submitted to us.**

Student Name Printed _____

Student agrees that under NO CIRCUMSTANCES WILL THEY SHARE OTC OR PRESCRIPTION MEDICATIONS WITH ANYONE ELSE.

I am NOT bringing any OTC or prescription medications with me to this activity/retreat.

I am bringing the following OTC and/or prescription medications with me to this activity/retreat**:

Prescription Medications _____

OvertheCounter(OTC)Medications _____

Student Signature: _____ Date: _____

Parent/Guardian Signature _____ Date _____

Parent **If student desires/needs assistance with taking medication, the **Christ Covenant Youth Ministries Medication Administration Form** must also be completed.

Insurance Information

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.

Insurance Company Name _____ Policy # _____

Insurance Company Phone # _____ Primary Card Holder _____

Insurance Company Address _____

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

LIABILITY RELEASE: EVERY ACTIVITY SPONSORED BY THIS CHURCH IS CAREFULLY PLANNED AND ADEQUATELY SUPERVISED BY MATURE ADULTS. HOWEVER, EVEN WITH THE BEST OF PLANNING AND PRECAUTION, UNFORESEEN EVENTS CAN OCCUR. BY SIGNING THIS FORM, THE PARENTS OR GUARDIAN AGREE TO ASSUME AND ACCEPT ALL RISKS AND HAZARDS INHERENT IN CHURCH RELATED ACTIVITIES. THEY ALSO AGREE NOT TO HOLD THIS CHURCH OR ITS EMPLOYEES OR VOLUNTEER ASSISTANTS LIABLE FOR DAMAGES, LOSSES, OR INJURIES TO THE PERSON OR PROPERTY UNDERSIGNED. THE PARENTS OR GUARDIANS UNDERSTAND THAT THEY ARE SIGNING FOR THE MINOR LISTED ON THIS FORM AND THE SIGNATURE IS FOR BOTH A MEDICAL AND LIABILITY RELEASE.

I grant permission to CCC staff or designee(s) to use photos/videos of my child(ren) taking part in this activity for communications media developed by Christ Covenant Church.

Parent or Guardian's signature _____ Date _____