

**Emmanuel Faith Community Church Junior High Ministry Medical Release Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone (Home) ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent/Guardian living with child \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Other contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Company's phone ( ) \_\_\_\_\_

**Please include a copy of your insurance card with this release form.**

BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of.

Any restrictions? \_\_\_\_\_

I (we), the parents/guardians of the aforementioned student, do hereby authorize Emmanuel Faith Community Church / Mission Hills Church (EFCC / MHC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on child's release form. This medical release will be kept on file at Emmanuel Faith Community Church to use for any future activities and/or trips.

\_\_\_\_\_  
(Signature of parent or guardian if participant is under 18)

\_\_\_\_\_  
(Date)

**PLEASE COMPLETE THE ADDITIONAL ACTIVITY RELEASE FORM.**

## EFCC Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement

We at Emmanuel Faith Community Church and Mission Hills Church ("EFCC / MHC") request that all participants read and sign this Release, Waiver, Indemnity and Assumption of Risk Agreement to indicate that they have accepted all risks personally when participating in sporting activities, music department outings, mission trips, and youth outings sponsored by EFCC/MHC, including travel to these activities (collectively "Participation"). We strongly encourage anyone without medial insurance coverage not to expose themselves and/or EFCC/MHC to the financial ramifications of possible injury from Participation.

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any loses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties.

I hereby release, waive, discharge and agree not to initiate any form of legal action against EFCC/MHC, its pastors, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.**

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE of Participant

\_\_\_\_\_  
DATE

Emergency contact person & phone #:  
\_\_\_\_\_

### PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed by legal guardian for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) being permitted by EFCC/ MHC to participate in this activity, I acknowledge that I have read and understand the attached Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I can not accompany the Minor in this event, I authorize **Pastor John Riley and/or the EFCC Junior High Ministry staff person(s) in charge of this activity/trip/camp to accompany and take full responsibility** for the minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Person responsible for minor: \_\_\_\_\_ Print Name: \_\_\_\_\_

\*Digital pictures and videos are taken during student activities. These pictures and/or videos may be used on the Emmanuel Faith Community Church Junior High web pages, in printed church publications (examples: OnPurpose newsletter, worship folder, etc.), and/or in PowerPoint ministry reports, etc.. Student and parent (if under 18) must sign and date to authorize digital pictures or video of students to be used in these EFCC communications vehicles. Pictures will not include student's name or any other form of identification (unless specifically requested for items like newsletter article interviews).

I authorize digital pictures and/or video of me to be included on the EFCC web site or in other communications pieces:

\*Student's signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize digital pictures and/or video of my child to be included on the EFCC web site or in other communications pieces:

\*Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE MEDICAL RELEASE ON THE OTHER SIDE AND ATTACH PROOF OF MEDICAL INSURANCE COVERAGE**



# Youth Registration & Medical Consent Form

In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Student Name \_\_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_ Ht \_\_\_\_ Wt \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Dates of Camp \_\_\_\_\_ Name of Church Group \_\_\_\_\_  
Status: \_\_\_ Camper \_\_\_ CCA \_\_\_ Counselor \_\_\_ KP Grade (For summer camps, indicate grade in Fall) \_\_\_\_\_  
Area of Camp: \_\_\_ Indian Village \_\_\_ Adventure Mountain \_\_\_ Creekside \_\_\_ Lakeview \_\_\_ Forest Center  
Parent/Guardian Name(s) \_\_\_\_\_ Day Time Phone (\_\_\_\_\_) \_\_\_\_\_  
Evening Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone or Pager (\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact (other than parent) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp \_\_\_\_\_

I understand that my child's photo may be taken at camp and I authorize Forest Home to post these photos on the Forest Home web site or used in other materials to promote Forest Home.

## CONFIDENTIAL Medical Information:

Do you carry family medical/hospital insurance? Y / N \_\_\_\_\_ Camper's Social Security # \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of responsible Party \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Name of Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Date of last Tetanus Shot \_\_\_\_\_ Are all immunizations up to date? Y/N If no, please attach explanation.  
Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? \_\_\_\_\_

If your child has Chronic Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind, a SPECIAL NEEDS PERMISSION SLIP MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES! If a child with special needs comes to Forest Home without written authorization, the group or party may be asked to return the child to his/her home.

List all medical condition: physical, emotional, behavioral disorders and learning disabilities.

Please List ALL Allergies: Drug \_\_\_\_\_ Insect/Plant \_\_\_\_\_  
Food \_\_\_\_\_ Diet Restrictions \_\_\_\_\_

List Medications Camper will require while at camp and reason for taking the medicine.

**All prescription medications, over-the-counter medications, vitamins, and herbal products are collected and administered by First Aid Staff and MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.**

By signing this form I give my informed consent to the First Aid Agents, certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1, assigned by Forest Home to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a Camper with greater health care needs than the First Aid Team can provide within their individual certifications, licenses and Scopes of Practice. I authorize those agents to arrange for or provide any necessary related transportation to the nearest medical facility for Urgent or Emergency medical treatment if indicated, and I do assume all responsibility for payment. In the event that I cannot be reached, I hereby give permission to the physician selected by Forest Home to secure and administer any and all medical treatment deemed necessary, including hospitalization, for the person named herein. This completed form may be photocopied for trips away from the center.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child while attending this program: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_. I understand that these are stocked and dispensed by the First Aid team free of charge as needed for the comfort of my child.

I have requested Forest Home Inc. to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my minor child's participation in this activity can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Forest Home Inc., its officers, agents, and employees from any and all claims or liability for personal injury or property damage my minor child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby hold harmless Forest Home Inc. and the officers, agents, and employees of the camp for any negligence of the camp, or its officers, agents or employees.

I agree to release, hold harmless, defend, indemnify, and forever discharge Forest Home Inc., and each and everyone of its employees, officers, directors, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any and all of them who might be liable (the "released parties") from any and all causes of actions, suits, claims, demands, or any other damages, or costs associated with any current or future actions taken by the released parties relative to the health, sickness, loss of services, property damage, death or injury, and treatment of my minor child. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future sickness, and treatment of my minor child and the released parties. I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_