

## MEDICAL INFORMATION

Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business/Cell \_\_\_\_\_

If parent/guardian is not available in case of an emergency, contact:

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Our Family Physician is: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Our Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Are you taking any medications? If yes, list: \_\_\_\_\_

Please note any problems or special needs: \_\_\_\_\_

List allergies: Hay Fever \_\_\_\_\_ Insect Bites \_\_\_\_\_ Bee Stings \_\_\_\_\_

Other (including food/drug allergies): \_\_\_\_\_

Social Security number of Participant: \_\_\_\_\_

I give my permission to publish my or my child's photograph in any Calvary promotional material as well as with on the world wide web. Yes \_\_\_\_\_ No \_\_\_\_\_

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## CONSENT & LIABILITY FORM

*In order to participate in out-of-town youth events, every student needs a current medical information form (see above) on file. If we have up-to-date medical information on file, you will only need to provide one new copy of the medical consent/liability form (below) for each new special event/trip. Consent and Liability release applies to both normal youth activities/transportation as well as specific special events/trips*

### MEDICAL AUTHORIZATION

#### AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize Calvary United Methodist Church, Fargo, North Dakota, and/or adult leaders, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general and special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the time of examination at the treatment scene, in the 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 by is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise or his/her best judgment may deem advisable.

### LIABILITY

In consideration for participation in all Youth/Church activities/transportation *as well as* the following special event/trip

Event/Trip Name: \_\_\_\_\_ Date(s) : \_\_\_\_\_

We recognize the possible dangers voluntarily subjected to; we hereby knowingly, freely, and voluntarily waive any right of cause of action, of any kind whatsoever, arising as a result of such participation from which any liability which may or could accrue to Calvary United Methodist church and the individuals there of.

Date \_\_\_\_\_ Guardian's Signature \_\_\_\_\_