

Bidwell Presbyterian Church
2010/2011 Youth Ministries Medical Form
 Valid for ministry program year: June 2010-June 2011



TODAY'S DATE: _____
 STUDENT'S NAME: _____ AGE: _____ GRADE (2010/2011 school year): _____
 ADDRESS/CITY/ZIP: _____
 HOME PHONE: _____ GENDER: M / F D.O.B.: _____
 SCHOOL: _____
 PARENT/GUARDIAN NAME(S): _____ PARENT CELL PHONE(S) _____

HEALTH HISTORY AND INSURANCE INFORMATION

Allergies: ___ Insect/Bee Stings ___ Drugs (type _____) Others: _____

Other Conditions: ___ Heart Condition ___ Frequent Colds ___ Chronic Asthma ___ Diabetes ___ Hay Fever
 ___ Frequent stomach upset ___ Epilepsy ___ Physical Handicap. Other: _____

If you check any of the above, please give details, (i.e. include normal treatment of allergic reactions _____)

Has student has all school-required vaccinations? ___ Yes ___ No Date of Last Tetanus Shot: _____

Name and dosage of any medications that must be taken _____

Does student need assistance in taking medication? _____

Any swimming restrictions? ___ Yes ___ No Any activity restriction? ___ Yes ___ No

What restrictions? _____

Health Insurance Company: _____ Phone No.: _____

Policy Number: _____ Group Number: _____

Dental Insurance Company: _____ Phone No.: _____

Policy Number: _____ Group Number: _____

If you do not have health insurance please fill out the additional medical insurance waiver on reverse side of this form.

EMERGENCY CONTACTS

In an emergency and parent/guardian cannot be reached, please contact:

1) Name: _____ Relationship to Minor: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Name: _____ Relationship to Minor: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

**Bidwell Presbyterian Church
2010/2011 Youth Ministries Medical Form (Page 2)**

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent or legal guardian of _____ (“Minor”), each of the undersigned gives his or her authorization and consent for the Bidwell Presbyterian Church of Chico, California (the “Church”) and the Church’s adult employees, agents, and volunteers (collectively with the Church, the “Bidwell Parties”) to seek, authorize, and consent to such medical or dental care for Minor (“Treatment”) as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the estate or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. This Authorization for Medical Treatment may be photocopy hereof shall be as valid as an original copy. Each of the undersigned acknowledges and agrees that the Bidwell Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor’s participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the Bidwell Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Bidwell Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: * _____ Signature: _____ Date: _____

Name: * _____ Signature: _____ Date: _____

** Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment, and only a person who signs will be considered a legal custodian of Minor*

CONSENT/INDEMNITY/RELEASE AND DISCHARGE OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring from June 1st, 2010 through August 31, 2011, and to be transported to, from and during the Events in any vehicle designated by an employee, agent, or volunteer (an “Agent”) of the Bidwell Presbyterian Church of Chico, California (the “Church”).

In consideration of the student being allowed to participate in the Program:

1. I agree to indemnify, defend, and hold harmless the Church and the Agents (collectively, the “Bidwell Parties”) from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Bidwell Party and that arise out of or result from the Student participating in the Program.
2. I hereby release, waive, and forever discharge the Bidwell Parties from liability for, and covenant not to sue or commence arbitration against any Bidwell Party on the basis of, any bodily injury, emotional or mental harm, personal injury, illness, death, or property damage suffered by any person that arises out of or results from the Student’s participation in the Program, whether or not caused, in whole or in part, by the negligence of a Bidwell Party. I make the foregoing release and discharge, and covenant not to sue or commence arbitration on behalf of myself, any other parent or legal guardian of the Student, the Student, and the heirs, executors, administrators, and assigns of each of the foregoing.
3. I understand and agree that the Student may be sent home at my expense if an Agent determines that the Student has engaged in disruptive behavior or broken any rules at any time during an Event.

Name (please print) _____ Signature _____ Date _____

