

REACH 2018

STUDENT MEDICAL AUTHORIZATION FORM



Church attending with: _____

Group leader: _____ Phone: _____

Participant: _____ Phone: _____

Address (street/city/state/zip): _____

Birthdate: ___ / ___ / ___ Age: ___ Gender: _____ Grade completed: _____

Parent/Guardian: _____ Phone: _____

In case of medical emergency, contact:

Name: _____ Phone: _____

Medical insurance

Insurance Name: _____ Policy # _____

Current Medications: _____

↑ ***DO NOT Leave Policy # Blank!!*** ↑

Allergies or Current Medical Conditions: _____

If you do not have Medical Insurance YOU MUST FILL OUT THE INSURANCE WAIVER ON BACK

[] I DO NOT HAVE MEDICAL INSURANCE AND HAVE FILLED OUT THE BACK

As parent/legal guardian of the above named participant, I give permission for my child to be involved in REACH on February 16-19, 2018 with The Alliance Northwest District of the Christian and Missionary Alliance. I understand that the church (listed above) and its appointed group leader (named above) will be responsible for my child and that he/she will be under their supervision.

I understand that in the event of a medical emergency, an earnest attempt will be made to contact me or the emergency contact listed above. In the event that I cannot be reached, I hereby give permission to the physician to hospitalize, secure treatment for, and order injection, anesthesia or surgery if circumstances warrant such action.

As parent/legal guardian of the above named participant, I assume the risk for my child's behavior or conduct outside of the standards of the conference and Christian character. I also hold The Alliance Northwest District of the Christian and Missionary Alliance, its agents, employees and representatives harmless from any liability to any other person or entity arising as a result of the conduct of my child in this conference and agree to defend and indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such conduct.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Group Leader: It is your responsibility to ensure that this form is filled out completely. Any student that arrives with an incomplete form will not be allowed to stay (this includes missing signatures and policy numbers). Do NOT MAIL THIS FORM to the Alliance NW. Bring all Medical Authorization Forms with you to REACH in the unlikely event of an emergency.

Medical Insurance Absence Waiver

Only to be filled out should you NOT have medical insurance

I understand that The Alliance Northwest District of the Christian and Missionary Alliance liability insurance does not cover medical issues that are not directly caused by negligence. This can include injury or sickness caused by a person due to horseplay, self inflicted accidents, common sickness and the like. This may include but is not limited to colds, stomach cramps, fainting, seizures, broken teeth, trips and falls causing the need for stitches or even broken bones.

I understand that hospitals will see my child without insurance only for life-threatening issues. If my child is sick or hurt in a non life-threatening way, I am committed, willing and available to personally drive and pick up my child and personally take them to seek medical attention. I understand that even minor issues may cause me to come pick up my child so that the responsibility of the health of my child remains on me and not on The Alliance Northwest District of the Christian and Missionary Alliance.

Parent/Guardian Signature: _____

Parent/Guardian Name (PRINT): _____

Date: ____/____/____

Phone: _____ Cell: _____

If not available at this number please call:

Name: _____ Phone: _____

Group Leader: It is your responsibility to ensure that this form is filled out completely. Any student/leader that arrives with an incomplete form will not be allowed to stay (this includes missing signatures and policy numbers). Do NOT MAIL THIS FORM to the Alliance NW. Bring all Medical Authorization Forms with you to REACH in the unlikely event of an emergency.