



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: _____

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 QUEST on October 12 - 14, 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: ___/___/___

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 Alliance Northwest. Bring all Medical Authorization Forms with you to QUEST in the unlikely event of an emergency.