

Student Health Form

Age _____ Sex _____ Birth date _____
 Last Name First Name MI

Address City State Zip

Youth Leader _____

Immunization Record

Please indicate date of immunizations of the following

<i>Tetanus/Diphtheria:</i>	<i>Polio:</i>	<i>Measles:</i>	<i>Rubella:</i>	<i>Hepatitis B:</i>
DPT/TD	OPV/IPV			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health History:

Check if these apply to your child:

_____ Rheumatic Fever
 _____ Asthma
 _____ Epilepsy
 _____ Diabetes
 _____ Behavior (please describe- e.g. nosebleeds, bedwetting, headaches, sleepwalking, etc.)

Allergies

Aspirin _____
 Penicillin _____
 Other Drugs _____
 Foods _____

Precautions to be observed: _____
 Operations or injuries: _____

Medications:

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event my child should have minor complaints of *uncomplicated/simple* headache, stuffy nose, cough, or diarrhea, I give permission for the registered nurse to administer over the counter medications to help alleviate the symptoms.

Please initial one: _____ Yes, I give permission for the nurse to administer over the counter medications.
 _____ No, I do not give permission for the nurse to administer over the counter medications.

I hereby certify that the above health record is, as of this date, accurate and complete.

Signature of Parent or Guardian _____

Date Completed _____

Medical Care Release

We (I) authorize an adult, in whose care (name of child) _____ has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or medical center, whether such diagnosis or treatment is rendered at the office of said physician and said hospital or medical center.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ Date _____

Phone Number _____ Birth Date _____ Age _____

Name of Parent(s) or Legal Guardians(s) _____

Secondary Phone Number (in case of emergency) _____

Insurance Company and Number _____

Please attach a photocopy of your current insurance card. (Front and back)

Liability Agreement:

In consideration for permission and support by Evangelical Youth Fellowship and all participating churches for my child to participate in and receive accommodation for Velocity 2009, June 27- July 2, 2009, I, the undersigned, for myself, my heirs, executors, administrators and assigns **do hereby release, hold harmless, indemnify, waive and discharge** Evangelical Youth Fellowship and all participating churches, staff members, and their agents (whether paid or volunteer) from and against any and all claims, demands, actions, or causes of action arising from any injuries or damages my child may suffer or sustain by my participation in Velocity 2009. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in travel to and participation in Velocity 2009, **I do hereby agree to assume all the risks and responsibilities** surrounding my child's participation in this activity or any other activities undertaken in addition thereto.

Signature of Parent(s)/ Guardian _____

Photo Release

I certify that photographs or videotape pictures of my child participating in *Velocity 2009* programs may be reproduced and utilized in promotional materials for the conference.

The undersigned acknowledges having read and understood to foregoing informed consent form. In witness whereof, I have caused this release to be executed this ____ day of _____, 2009.

Participant's Signature _____

Participant's Printed Name _____

Parent/Guardian Signature _____

Address _____

Phone: Work () _____ Home () _____