

Medical History/Permission and Release Form

This form is valid for all Higher Praise Church Inc.-sponsored Youth Activities
Higher Praise Church, 1220 Greeley Avenue, Salina, KS 67401

Youth Name: _____ Age: _____

SS#: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Legal Guardian: _____ Cell Phone: _____

In Case of an Emergency Notify (name): _____

Relationship: _____ Cell Phone: _____

In Case of an Emergency Notify (alternate): _____

Relationship _____ Cell Phone: _____

Medical Information

Do you have Health Insurance? Yes _____ No _____
(Please attach a copy of the Health Insurance Co. card – front and back side)

Name of Health Insurance Co.: _____

Policy No. _____ Group No. _____

Family Physician: _____ Phone: _____

Past Medical History:

Last Tetanus: _____

Allergies:

Food(s): _____

Penicillin or other Drug(s) (Name): _____

Insect Stings/Bites: _____

Poison Sumac, Ivy, or Oak: _____

Any Current Medication(s) List: _____

Other: _____

Does your youth have any physical & mental challenges or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____

If Yes, please explain. _____

Does your youth need assistance with medication? _____

Medical Treatment Authorization:

Should it be necessary for my child to have medical treatment while participating in this activity due to sickness or injury, I hereby give the person(s) in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve the Church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that Higher Praise Church has no accident insurance. Any cost incurred shall be my sole responsibility.

I understand that every that every effort will be made to contact Parent/Legal Guardian, or alternate responsible party.

I do hereby release Higher Praise Church Inc. from any legal or financial obligation due to the sickness or injury of the above named Youth.

I understand that the Youth Leadership and adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth. I further agree to notify the Youth Leadership in writing of any health changes that would restrict my youth's participation in any normal activities.

Parent/Legal Guardian's Signature: _____ Date: _____

Relationship to Youth: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(Please attach a copy of the Health Insurance Co. card – front and back side)

All youth participating in Higher Praise Church Inc.-sponsored activities must have completed this medical/insurance form. This medical/insurance form must be completed in its entirety and returned to Higher Praise Church Inc. Youth Leadership before departure. This form is applicable to all youth under 21 years of age.

This **Medical History/Permission and Release Form** will be used for Higher Praise Church Inc. sponsored youth activities from September 1, _____ through August 31, _____. Should any circumstances or information change during this time period, I understand that it is my responsibility as a parent/guardian to inform Higher Praise Church Inc. Youth Leadership in writing as soon as possible, allowing existing forms to updated and made current or a new form to be completed.

Initial _____