

Evangelical Free Church of Merced

Ministry Permission & Medical Treatment Release

Participant Information

Name: _____ Date of Birth ____/____/____

Street Address: _____ Age: ____ Circle One: M F

City: _____ State: ____ Zip Code: _____ Phone: (____) _____

Parent(s)/Guardian(s) Home Phone: (____) _____ Work Phone: (____) _____

Parent(s)/Guardian(s) Cell Phone: (____) _____ Email: _____

If parents(s)/guardian(s) are not available please call this person:

Name: _____ Phone: (____) _____

Allergies (food, plants, insects, medications, other): _____

On medication at present time? Yes No If yes, please specify: _____

Date of last Tetanus shot: _____

Past surgeries: _____

Recent illnesses: _____

Chronic medical problems: _____

Dietary restrictions: _____

Activity restrictions: _____

On backpack, mountain, and other outdoor activities, participants will take part in potentially rigorous activities at elevations ranging up to 13,000 feet. Is there any reason this participant should not take part?

Name of Doctor: _____ **Phone Number:** (____) _____

Insurance Company: _____ **Policy Number:** _____

Preferred Hospital: _____

Any further medical or other information which we need to be made aware of: _____

In the event an emergency affecting the health or welfare of the above named participant during and in transportation to and from an AWANA Club and/or ministry event of the Evangelical Free Church of Merced, the sponsor(s), leader(s), or adult chaperon(s) designated by the AWANA Club and/or Evangelical Free Church of Merced has my permission to administer first aid and/or transport the participant to the doctor, hospital, or other medical emergency facility for further medical attention as deemed necessary. The individual acting in response to the emergency and the AWANA Club and/or Evangelical Free Church of Merced will be held blameless. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns. In the event medical expenses are incurred, they will be borne by the parent(s) or guardian(s) of the participant.

By signing below, I and my parent(s) or guardian(s) also understand that in the event of my behavior creating any situation which, in the sole estimation of the designated adult leadership of any AWANA Club and/or ministry event of the Evangelical Free Church of Merced, the safety of myself or any other, or the goals or purposes of said event as determined by the event leaders, may be jeopardized or in any way compromised, my participation in said event may be ended immediately, and I may be sent home as quickly as possible, and that I or my parent(s) or guardian(s) will be responsible for the cost of transportation incurred in sending me home.

In the event of an emergency or behavioral situation requiring dismissal every reasonable effort will be made by the designated adult leadership of the AWANA Club and/or the Evangelical Free Church of Merced to contact the participant's parent(s) or guardian(s). This authorization will be in effect until it is revoked, in writing. I give my permission for a copy of this form to be used in lieu of the original.

(signature of participant)

____/____/____
(date)

(printed name of parent or guardian)

(signature of parent or guardian)

____/____/____
(date)