

# YOUTH MEDICAL HISTORY & RELEASE FORM

Student's Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ TX Zip \_\_\_\_\_

In Emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ TX Zip \_\_\_\_\_

Relationship \_\_\_\_\_

## HEALTH HISTORY (Check all that apply and date where needed)

- Frequent Colds     Kidney Trouble     Chickenpox     Sinusitis     Bedwetting
- Measles     Mumps     Coughs     German Measles
- Convulsions     Abscessed Ears     Athlete's Foot     Bronchitis     Sleepwalking
- Whooping Cough     Fainting     Constipation
- Polio     Nose Bleeds     Stomach Upsets     Rheumatic Fever
- Tuberculosis     Poison Ivy, Oak or Sumac
- Operation or Serious Injuries

Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergic Reactions:     Bee Sting     Penicillin     Other \_\_\_\_\_

List all medications currently being taken: (include dosage)

\_\_\_\_\_

List activities that are to be restricted, such as swimming, climbing, etc: \_\_\_\_\_

\_\_\_\_\_

## MEDICAL RELEASE

Should emergency medical treatment be necessary, I authorize Camp Leader Representative of **Church Alive** to act on my behalf and approve appropriate treatment. I also release from any and all liability of **Church Alive** and it's board as well as any of the church staff, board, and adult sponsors, in the event of any accident in route, during, and returning from this event.

I hereby give permission to the nurses or physician selected by the **Church Alive** Camp Leadership to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above as deemed necessary to avoid extreme or permanent physical damage or death. I realize that neither **Church Alive**, its employees, nor its agents are responsible for the payment of any hospital, doctor, or ambulance fees incurred.

## LIABILITY RELEASE

I give **Church Alive** permission for my child to take part in all **Church Alive** activities, including but not limited to, bus trips, sports activities, and **Church Alive** – sponsored trips away from the **Church Alive** premises. I further agree to hold **Church Alive** and its employees or agents harmless from any liability to my child of any guardian or parent thereof because of any claims on behalf of my child against **Church Alive**, employees, or agents thereof because of any injury or alleged injury to my child.

Should legal action, for any reason, be taken against the **Church Alive** or any employees or agents thereof, on my child's behalf and **Church Alive**, its employees or agents not be found at fault, I agree to pay attorney's fees, court costs, damages, or other costs that **Church Alive**, its employees, or agents should incur to defend itself against such action.

I do hereby authorize, in the event of an emergency in which **Church Alive**, its employees, or its agents are unable to reach me, any first-aid treatment deemed necessary by **Church Alive**, its employees or agents including medical treatment at a physician's office or emergency center.

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Parent/Guardian Signature

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Date