

**Emerald Bible Fellowship Youth Ministry
Health Form**

Student's Name _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home phone (____) _____ Cell (____) _____

Emergency Contact Person:

Parent/Guardian Name: _____
Address (if different than above) _____
City _____ State _____ Zip _____
Home phone (____) _____ Cell (____) _____

Alternate Contact Person:

Name: _____
Address _____
City _____ State _____ Zip _____
Home phone (____) _____ Cell (____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ YES _____ NO
Name of Insurance Company _____
Policy Number _____
Group Number _____
In whose name is the insurance? _____
Primary Doctor _____
Doctor's Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to an activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activities.

Health History:

Pre-existing or present medical conditions

Name and dosage of any medication that must be taken

Allergies (season, food, medication)

Date of last tetanus shot _____
Any swimming restrictions? _____ YES _____ NO
Any activity restrictions? _____ YES _____ NO
Which activities? _____

Parent Medical and Liability Release Statement:

I understand that in the event that medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia or surgery for my child deemed as necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Emerald Bible Fellowship through it's accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the Emerald Bible Fellowship staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Emerald Bible Fellowship, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injury incurred by the subject of this form.

Parent/Guardian Signature Date

Signature of Student (if over 18 years of age)

**Emerald Bible Fellowship Youth Ministry
Parent Permission Slip**

To be completed by the parent/guardian of each student who will be participating in any off campus church event or activity.

I give my permission for _____ to travel with and participate in the EBF sponsored activity occurring on _____, 200_. I also verify that the EBF staff have a current and accurate Health Form with information specific to this individual as well as a signed Medical and Liability release statement.

Parent/Guardian Signature

Date
