

Calder Baptist Church Youth Ministry

This agreement is entered into between Calder Baptist Church and _____

_____, herein called *Participant*, and _____, *Participant's Parent(s) or Legal Guardian(s)*, regarding the rights, obligations and responsibilities of Calder Baptist Church and Participant and Participant's Parent(s) or Legal Guardian(s) relative to an activity described on accompanying cover sheet. Participant has permission to attend activities between the following dates: Jan. 1, 2011 - Jan. 1, 2012. Participant, Participant's Parent(s) or Legal Guardian(s), and Calder Baptist Church agree as hereinafter set out.

1. **LIABILITY.** Participant and Participant's Parent(s) or Legal Guardian(s) have been apprised of and have informed themselves and understand the risks and hazards associated with the activity. WRITTEN PERMISSION must be provided for participant to be driven by a youth.

2. **EMERGENCY.** Participant and Participant(s) or Legal Guardian(s) hereby authorize and designate Brian Abel (Youth Minister), an adult person, to consent to medical treatment or care for Participant by a duly licensed physician if Brian Abel (designated person) in his discretion determines same to be necessary for Participant *and* Participant's Parent(s) or Legal Guardian(s) cannot be reached by phone. This consent includes any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to Participant under the general or special supervision and on the advice of a physician or surgeon duly licensed under the laws of such state or country where such physician is located. This consent is given while Participant is engaged in supervised activities and shall expire at the conclusion of such activity. **This consent to medical treatment is only valid if Participant's Parent(s) or Legal Guardian(s) cannot be reached by phone.** Representation by Brian Abel (designated person) that Participant's Parent(s) or Legal Guardian(s) cannot be reached by phone shall be conclusive proof of same. Participant's Parent(s) or Legal Guardian(s) can be reached at:

1) _____ at (_____) _____ (home phone)
(Parent or Legal Guardian)
_____ (work phone)
_____ (mobile/pager)

2) _____ at (_____) _____ (home phone)
(Parent or Legal Guardian)
_____ (work phone)
_____ (mobile/pager)

3) _____ at (_____) _____ (home phone)
(Other Person)
_____ (work phone)
_____ (mobile/pager)

3) **MEDICAL INFORMATION.** Participant and Participant's Parent(s) or Legal Guardian(s) agree that the medical information is current, correct, and COMPLETE:

Name of Physician: _____ (first and last)

Address: _____ (zip included)

Phone: (____) _____

All medical supplies needed for established medical conditions or for precautionary measures related to the Participant MUST BE PROVIDED by the Participant's Parent(s) or Legal Guardian(s) PRIOR to the departure for over-night or out-of-town activities such as retreats, camps, lock-ins. Contact Brian Abel (designated person) regarding the contents of the *Calder Youth First Aid Kit*. Participant's Parent(s) or Legal Guardian(s) should alert Brian Abel (designated person) *prior* to an activity during which the Participant would need to take any prescription medication without a Parent or Legal Guardian being present to administer.

All pertinent medical information, including directives about prescription medications shall be **clearly** explained and **WRITTEN on attached page** (Detailed Student Medical Information) by Participant's Parent(s) or Legal Guardian(s). In the event of a change in the medical condition of the Participant, I will notify in writing Brian Abel (designated person) prior to the Participant's participation in future events.

4. **DISCIPLINE.** Alcohol, tobacco products, non-prescription drugs, weapons, fireworks, profanity, sexually provocative media / action / language / humor, and other inappropriate or destructive behaviors are forbidden. The aforementioned MEDIA includes and is not limited to images from printed material, laptop computers, and cell phones. It is understood that adult counselors or chaperones of Calder Baptist Church at any event shall have the right to send any Participant home should his/her behavior become unacceptable regardless of inconvenience or cost to Participant's Parent(s) or Legal Guardian(s). Counselor and chaperone decisions to send a Participant home shall be conclusive.

5. **GENERAL AUTHORIZATION AND CONSENT.** If the space checked at the conclusion of this paragraph is marked and initialed by Participant's Parent(s) or Legal Guardian(s), then Participant's Parent(s) or Legal Guardian(s) authorize and allow Participant to engage in any and all activities of Calder Baptist Church, on or off Calder Baptist Church grounds/facilities, beginning January 1, 2011 and ending January 1, 2012. Furthermore, Participant's Parent(s) or Legal Guardian(s) authorize any counselor or chaperone of Calder Baptist Church at any such event to consent to medical treatment for Participant the dates herein set forth.

This consent includes matters set forth in paragraph 2. Initials _____

Participant Date

Participant's Parent or Legal Guardian Date

Participant's Parent or Legal Guardian Date

Brian Abel (Youth Minister) Date

DETAILED STUDENT MEDICAL INFORMATION

Note **SECONDARY** church insurance coverage and provide your **PRIMARY** insurance information on the back

Student's Name: _____ Age: _____ DOB _____

Parent(s) or Guardian(s): _____ Cell: _____

_____ Cell: _____

Emergency Contact: _____ Cell: _____

ALLERGIES: please check those that apply.

This child is allergic to the following medications (prescription and over the counter)

—

This child is allergic to peanuts or other foods. Explain: _____

—

This child is allergic to these substances (mold, dust, insect stings, etc.) _____

—

MEDICATIONS: Bring enough medication for the entire time of the event. Prescriptions **MUST** be in pharmacy labeled containers – no exceptions.

This child does not take any medications on a regular basis.

This child does take routine medications as follows:

Name of medication: _____ Reason for taking: _____

Name of medication: _____ Reason for taking: _____

CHRONIC CONCERNS:

Check all categories that apply to your child and provide information for supportive care.

Anorexia, Bulimia (eating disorders): _____

—

Asthma (If checked, parent is responsible for providing inhaler, even if the child only occasionally uses one):

—

Diabetes, date of diagnosis, explain: _____

[] Blackouts, fainting, or epilepsy - please describe: _____

OTHER MEDICAL INFORMATION:

Date of last Tetanus shot? (exact date required) _____

Has your child ever had surgery? _____ If so, for what?

In the space below, please provide any additional important medical or other information concerning your child which may help in ministering to and caring for your child more effectively?

INSURANCE: (Note: Your insurance is PRIMARY)

Is your child covered by medical insurance? (Check one) [] Yes [] No

If yes, which insurance company provides the coverage?

ID # _____ Group #

_____ (Please provide a photocopy of your medical card)

Calder Baptist Church Group Activity Policy Limit: \$10,000 for *Secondary* Medical Coverage

