

CM2 - Thumbprint Ministries -MINOR RELEASE FORM (0-17 years) Participant:

Please complete ALL information requested, give completed form to your team leader.

Team Leader: Please have your team fill out and; send copy to Thumbprint Ministries PO BOX 22428 Knoxville, TN 37933 and take the original to the project.

Participant's name: Project location: CM2 Haywood County, NC

Date of birth (mm/dd/yyyy): Project dates:

Gender (male/female): Church name:

Address: Church city/state:

City, state, zip: Team leader:

Emergency contact name and phone (must not be a trip participant):

PROJECT INSURANCE COVERAGE AND REQUIREMENTS

1. What we provide:

CM2 short-term provides \$75,000 travel medical coverage for each participant. This includes emergency evacuation expenses when necessitated by circumstances occurring more than 50 miles from home.

This coverage is provided for all participants in the short-term program and is included in the project cost.

2. What we require:

CM2's project insurance acts as a secondary coverage. **Each participant is required to have his/her own primary emergency** medical coverage. Any participant, who does not have a primary medical insurance policy, must apply for supplementary coverage. Recommendations have been provided to your team leader.

3. Please indicate the status of your primary medical insurance:

- I do have a primary medical insurance policy. **Insurance Company:** _____
- I do not have a primary medical insurance. I am applying for supplementary coverage for my child.

PARENTAL PERMISSION TO TRAVEL AND RELEASE OF LIABILITY

Both parents must sign this section. If a parent is deceased or divorced, please indicate so in writing.

As a parent or guardian, I give my permission for my child (name) to travel to (location) to participate in CM2's Short-Term Program on the following dates: I am aware of the inherent risks and dangers to my child in traveling to and visiting other countries and the potential risks to my child and his/her property as a result of participation in the CM2 project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property). I fully assume these risks, understanding that CM2, MNA, Thumbprint Ministries, and the Town of Canton cannot be responsible for any personal loss or disaster that my child may experience in connection with his/her volunteer ministry service to CM2. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against CM2, MNA, Thumbprint Ministries, Town of Canton, my sending organization, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my child's volunteer services for CM2. I acknowledge personal responsibility for my child's actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to, and as interpreted by the laws of the countries involved.

Signature of Father: Date: _____

Print name: Email: Phone: _____

Signature of Mother: Date: _____

Print name: Email: Phone: _____

Other legal guardian: Relationship: Date: _____

Print name: Email: Phone: _____

Notary Signature _____ **Commission Expires** _____

County, _____ **State** _____ **Date** _____ **Seal**

CM2- Thumbprint Ministries - MINOR RELEASE FORM

MEDICAL HISTORY

1. Please circle any conditions for which you have been treated or seen a physician.

Heart Trouble	Kidney Stone or Infection	Digestive / Intestinal Disorder
Heart Murmur	Bladder Stone or Infection	Colitis
Abnormal Pulse	Gall Bladder Disease	Ulcer
Rheumatic Fever	Internal Bleeding	Gout
Chest Pain	Prostate Trouble	Deformity / Amputation
Stroke	Sugar, Albumin, Blood or Pus in Urine	Skin Disorder
High Blood Pressure	Psychiatric Problem	Hernia
Hardening of the Arteries	Emotional/Nervous Problem	Disease of Eyes
Diabetes	Epilepsy / Convulsion	Disease of Ears
Circulatory Disorder	Other Nervous System Disorder	Disease of the Nose / Throat
Blood Disorder/Disease	Cancer / Tumor	Bronchitis
Hepatitis	Dizziness / Loss of Consciousness	Tuberculosis
Anemia	Frequent Headaches	Other Lung Disorder
Thyroid/other Gland Problem	Arthritis	Asthma*
Cirrhosis / Liver Trouble	Sciatica	Allergy**

Pregnant (currently): *Pregnant women are not permitted to participate on projects rated as Intermediate, substantial or high risk. Check with your Project Administrator if you are not sure of your project rating.*

Some project locations are **high altitude. Check with your project administrator if you are not sure of your project altitude.*

2. Are you currently being treated for any of the above conditions? Yes No

If yes, please list the condition and the date of most recent treatment/doctor's visit:

3. Are you currently taking any prescription medications? Yes No

If yes, please list the names of the medications:

4. Please list all allergies, including food and medications:

Note: If you have an allergy that requires an EpiPen or other treatment, please bring the appropriate medication with you.

IMMUNIZATIONS

1. My child has had all routine immunizations (*dT-diphtheria, tetanus, MMR-measles, mumps, rubella, and polio*).

Yes No

2. My child has had a tetanus booster within the past 10 years. Yes No, but he/she will have by the beginning of the project.

3. I have checked with my doctor, the CDC, or the health department and am aware of the immunizations

recommended and required for the area to which my child will be traveling. Yes No

MEDICAL CONSENT

Both parents must sign this section. If a parent is deceased or divorced, please indicate so in writing.

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for my child (*name*) .

Signature of Father: Date: _____

Signature of Mother: Date: _____

Other legal guardian: Relationship: Date: _____

Signature of team leader: Date: _____