



Medical Information and Parental Permission for Treatment Form 2024

Church Name: _____

Participant's Name: _____ Preferred Nickname (if applicable) _____

Birthdate ____/____/____ Birth Sex: Male Female (Note: JP uses pronouns as indicated by birth sex)

Address _____ City & State _____

Father's Name _____ Address Same as Participants (if different please indicate below)

Address _____ City _____ State ____ Zip _____

Daytime Phone () _____ — _____ Evening Phone () _____ — _____ Cell Phone () _____ — _____

Mother's Name _____ Address Same as Participants (if different please indicate below)

Address _____ City _____ State ____ Zip _____

Daytime Phone () _____ — _____ Evening Phone () _____ — _____ Cell Phone () _____ — _____

Emergency Contact (Relative, Neighbor, Friend) in case parents cannot be reached:

Name _____ Relationship _____

Daytime Phone () _____ — _____ Evening Phone () _____ — _____ Cell Phone () _____ — _____

Allergies or Medical Conditions: Please note: JP staff are not responsible for dispensing medicine to any student. That responsibility rests solely with the leaders of the participating church.

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|--------------------------------------|---|--|---|
| <input type="checkbox"/> asthma | <input type="checkbox"/> fainting spells | <input type="checkbox"/> reaction to medications | <input type="checkbox"/> current medications |
| <input type="checkbox"/> convulsions | <input type="checkbox"/> insect stings | (describe below) | (reason, name, dosage - describe details below) |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> allergies (describe below) | <input type="checkbox"/> other (describe below) | |

My child _____, has my permission to attend the JEREMIAH PROJECT. In the case of a medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the emergency contact person listed above, can be located, I hereby give permission for the JEREMIAH PROJECT Event Director, or my church group leader to select a physician, to hospitalize, and to secure proper treatment for my child listed above. This information will be required in the event that the participant listed above is taken for medical treatment. JEREMIAH PROJECT insurance serves as a secondary coverage. I release the following from any liability in the event of an accident or injury enroute to, during and/or returning from the Jeremiah Project, Inc. and all staff persons connected within, all adult leaders, chaperones, churches. **Housing Accommodations:** Students will be housed in cabins of their birth sex, and likewise will be required to participate in gender-specific camp activities and use restroom facilities throughout the camp in accordance with their birth sex. The camp does not have gender-neutral cabins or restroom facilities.

FAMILY INSURANCE INFORMATION

Company Name _____ Policy Number _____

Policy Holder _____ Other insurance information _____

Parent(s)/Guardian(s) signature _____ Date ____/____/____

Parent(s)/Guardian(s) signature _____ Date ____/____/____