



LAKEVIEW
STUDENTS

TOGETHER 19

STUDENT CONFERENCE

D-Now 2019
February 22nd-24th

D-Now 2019:// February 22-24// Cost: \$45

Student's Name: _____

Birthday: ____/____/____ Grade: _____ Student's Cell: (____)____-_____

T-Shirt Size (adult sizes, circle one): S M L XL XXL

Parents Name(s): _____

Parents Phone: (____)____-_____ Parents email: _____

Address: _____

Parent Signature _____

Medical Release Form / Permission to Treat (Lakeview Student Ministry)

Personal Information:

Name: _____
DOB: ____ / ____ / ____ Age: ____ Gender: _____
Address: _____
City: _____ State: ____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____
Secondary Contact: _____ Relationship: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____

Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co.: _____ Group #: _____ Policy #: _____
Cardholder: _____ Relationship to Cardholder: _____
Insurance Company Address: _____
Insurance Company Phone #: (____) _____

Personal Medical Information:

Physician's Name: _____ Phone: (____) _____
Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List **ALL** medication taken on a regular basis and/or any brought with you to this event. (Prescription meds **MUST** have a pharmacy label and name of doctor.):

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by the participants Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____ Date _____