

Northview Church
Liability Release & Medical Consent
SOS Missions Trip
June 9-15; 16-22, 2019

Please fill out the following Release of Liability and Consent for Medical Treatment. It is our hope that we won't even have to use this during our trip, but please help us to take care of your student if need be.

STUDENT'S NAME _____

I hereby release and hold harmless from liability Northview Church, its staff members, volunteer workers, and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any staff, volunteers, employees and/or agents while my child is engaging in any church or youth activity.

PLEASE INITIAL _____

I further consent to any hospital or medical care necessary for my child and such medical care may be approved by my child's youth leader/director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child.

PLEASE INITIAL _____

I understand that this is a legally binding release and consent and that the church activities are provided in consideration for this signed release and consent.

PLEASE INITIAL _____

Are there any special limitations that your son/daughter will have on the worksite? (Example: can't be on a roof, needs to be working on a shaded worksite, etc.)

I have carefully read this Release of Liability and Medical Consent form and fully understand its content. Being aware of said consents I sign of my own free will.

Parent's Name signifies permission

Date

Insurance Company

Policy #

Emergency contact

Emergency Contact's #

SERVICE OVER SELF

PARTICIPANT HEALTH FORM

Name: _____
Last First Middle

Permanent Address: _____

Home Phone: _____ Social Security # _____

Parent/Guardian: _____ Daytime Phone: _____ Eve. Phone _____

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If my parent is not available in an emergency, notify:

Phone: _____ Phone: _____

Phone: _____ Phone: _____

Health History: (Check - giving approximate dates)

Diseases/Illnesses:

<input type="checkbox"/> Asthma _____	<input type="checkbox"/> German Measles _____	<input type="checkbox"/> Mono _____
<input type="checkbox"/> Bleeding Disorder _____	<input type="checkbox"/> Heart Problems _____	<input type="checkbox"/> Mumps _____
<input type="checkbox"/> Cancer _____	<input type="checkbox"/> High Blood Pressure _____	<input type="checkbox"/> Recurring Strep Inf. _____
<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Hypoglycemia _____	<input type="checkbox"/> Respiratory Problems _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Kidney Problems _____	<input type="checkbox"/> Respiratory Problems _____
<input type="checkbox"/> Ear Infections _____	<input type="checkbox"/> Knee Problems _____	
<input type="checkbox"/> Eating Disorders _____	<input type="checkbox"/> Measles _____	

Allergies:

☐ Hay Fever _____

☐ Insect Stings _____

☐ Ivy Poisoning _____

☐ Other _____

Drug Allergies: (List any medication you are allergic to)

Have you been out of the USA in the past 9 months? _____ If so, where? _____

Immunizations:

☐ Tetanus – Date of Last Tetanus: _____ (Obtain Tetanus if you are not current)

Have you been (in the past 12 months) or are you currently being treated for a psychiatric/psychological disorder? _____

If yes, please explain: _____

List any previous surgeries or injuries (Give Dates): _____

Any illness occurring within the last 5 years that caused you to miss school or work for more than 3 days: _____

I am covered under my parents' Medical Insurance Plan: ____ Yes ____ No

If so, name of Insurance Company: _____

I have Medical Insurance of my own: ____ Yes ____ No

If so, name of Insurance Company: _____

Insurance Policy #: _____ Insurance Policy Phone #: _____

Consent for Treatment

I hereby give permission to the physician selected by the SOS Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself. (Guardian signature required if under 18 years of age).

Signature: _____ Date: _____