

**Personal Info:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ T-shirt \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_ How related \_\_\_\_\_  
In emergency, notify \_\_\_\_\_  
Home phone(\_\_\_\_\_) \_\_\_\_\_ Work phone(\_\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

**Health History:**

Allergies: \_\_\_ Insect stings \_\_\_ Drugs \_\_\_ Other allergies  
Conditions: \_\_\_ Frequent colds \_\_\_ Diabetes \_\_\_ Heart condition \_\_\_ Hay fever  
\_\_\_ Epilepsy \_\_\_ Chronic asthma \_\_\_ Other (list details below)

-- If you checked any of the above, please give details (i.e., include treatment of allergic reactions):

\_\_\_\_\_

-- Name & dosage of any medication that must be taken: \_\_\_\_\_

\_\_\_\_\_

-- Date of last tetanus shot: \_\_\_\_\_

-- Any activity restrictions: \_\_\_\_\_

\_\_\_\_\_

*"In the event a medical emergency should arise during an activity sponsored by The Creek Youth Ministry, I hereby give my permission to the youth ministry leadership of Beavercreek Church of the Nazarene to select a physician and/or hospital for my son's/daughter's care. I hereby give my permission to the physician and/or hospital to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my son/daughter as deemed immediate and necessary by the attending physician."*

*Every activity sponsored by this The Creek Youth Ministry and Beavercreek Church of the Nazarene is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent. They also agree not to hold Beavercreek Church of the Nazarene or its employees or volunteer youth staff liable for damages, losses, or injuries to the person undersigned."*

*"This Medical and Liability Release is valid on June 1, 2018—December 31, 2019."*

Parent/guardian's signature: \_\_\_\_\_ Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Health Insurance coverage \_\_\_\_\_

Policy or Group Number \_\_\_\_\_