

# Permission and Release Form for 2009-10 Youth Activities

Name (Youth) \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

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We/I (circle one: parent/guardian) \_\_\_\_\_ give permission for my child (name) \_\_\_\_\_ to take part in all Christ Church of Plano, Inc. Youth Ministry events and activities for the 2009-2010 school year including the summer of 2010. I give permission for my child to travel to and from Youth Events in chartered buses, church vans or private vehicles. Also, I hereby release Christ Church of Plano, Inc. and its staff from responsibility and liability for any injury or illness that my child may sustain during these activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I further agree to pay all charges for the medical, dental or hospital care or treatment.

Mother's Signature: \_\_\_\_\_, and

Father's Signature: \_\_\_\_\_, or

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cabin \_\_\_\_\_

Cabin Chaperone: \_\_\_\_\_

## Youth Ministry Medication Form

- Volunteer Nurse must be notified of all medication students will be taking during the weekend.
- All medication must be turned in to Cabin Chaperone for students under 16.
- If you want your student age 16 or over to keep their own medication, this form must still be completed and turned in. Please note the bottom section.

**Student Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Parent Phone:** \_\_\_\_\_ / \_\_\_\_\_

Medication # 1:

Name & Strength (e.g., 5 mg. or 100 ml): \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Dosage (# of pills, puffs, tsp., etc.) \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Side Effects of Medication: \_\_\_\_\_

Medication # 2:

Name & Strength (e.g., 5 mg. or 100 ml): \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Dosage (# of pills, puffs, tsp., etc.) \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Side Effects of Medication: \_\_\_\_\_

Medication # 3:

Name & Strength (e.g., 5 mg. or 100 ml): \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Dosage (# of pills, puffs, tsp., etc.) \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Side Effects of Medication: \_\_\_\_\_

My child, \_\_\_\_\_, is 16 or older and will keep his/her medication in his/her possession. Please remind him/her to take his/her medication:

\_\_\_ in the morning, \_\_\_ at lunch, \_\_\_ before bed. Or: \_\_\_s/he needs no reminder.

Anything else parents would like the chaperones to know about their student:

\_\_\_\_\_  
\_\_\_\_\_



# COAST Camp Participant Form

Bring **TWO** notarized copies of this sheet to your youth department. Attach a photocopy of your medical insurance form or card.

Participant Name \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone Numbers – Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

## Medical Profile

Generally, Participant's Health is: (Check one) \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems and explain: Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney \_\_\_

Diabetes \_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Hay Fever \_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Childhood Diseases: Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_ Other \_\_\_

Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_/

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Subscriber Occupation: \_\_\_\_\_

## Permission for Medical Treatment

My permission is granted for the camp director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child or me. I \_\_\_\_\_ do hereby verify that the above Medical Profile is correct and I release and forever discharge Christ Church Plano, Coast Camp, and employees of Christ Church Plano from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in the camp or event.

## Photography/Video Notice

I understand that any participant at COAST Camp may be photographed or video taped during normal camp or event activities and these photos/videos may be used in promotional materials.

## Release and Indemnity

**I AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS CHRIST CHURCH PLANO AND COAST CAMP FOR ANY AND ALL EXPENSES, LIABILITIES, CLAIMS, DEMANDS, DAMAGES, INJURIES, COSTS, SUITS OR CAUSES OF ACTION, PAST, PRESENT, OR FUTURE, ARISING OUT OF, RELATED TO OR CAUSED BY MYSELF OR MY CHILD WHILE PARTICIPATING IN THIS CAMP, EVENT, TRAVEL ASSOCIATED WITH OFF PROPERTY EXCURSIONS, EXCURSIONS, OR WHILE ON PROPERTY LEASED OR OWNED BY CHRIST CHURCH PLANO. COMPLETE AND SIGN BELOW (YOUTH UNDER 18 YEARS OF AGE REQUIRES PARENT/LEGAL GUARDIAN SIGNATURE)**

Participant's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Notary Acknowledgement (Notary, please affix seal to both participant forms)

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**REFUSAL/ABSENCE OF VITAL INFORMATION**

To Christ Church Plano/COAST Camp:

Please let this serve to confirm that, despite Christ Church Plano/COAST Camp’s request for such information, I am unable or refuse to provide a Social Security number in connection with the medical release for my self or my child. I understand that the absence of this information in the medical release could cause delays or other problems in securing medical attention for my child or me. To induce Christ Chruuch Plano/ COAST Camp to permit my self or my child to participate in the camp and related activities despite the absence of such information. I hereby release Christ Church Plano/ COAST Camp, its employees, agents and contractors, and hold them harmless from and against any and all claims for any and all damages and expenses relating to Christ Church Plano/COAST Camp’s failure to have this information.

**PARTICIPANT or PARENT/LEGAL GUARDIAN SIGNATURE:**

X \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**PRINTED NAME AND ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notarization required**

Notary Acknowledgment

State of \_\_\_\_\_ }

Country of \_\_\_\_\_ }

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary signature: \_\_\_\_\_

Notary commission expires: \_\_\_\_\_