

**Koinonia Christian Fellowship
MEDICAL RELEASE
AND RELEASE OF LIABILITY**



Effective dates: 2018-2019

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email @ _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager/Cell Phone _____

Medical insurance company _____ Policy # _____

Father's Name _____ Phone: Home _____ Cell _____

Mother's Name _____ Phone Home _____ Cell _____

Emergency Contact: _____ Phone: _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your youth may be subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Please check the box that pertains to you and give all information.

2. Does your youth have allergies to...?
 - pollens
 - medications
 - food
 - insect bites
3. Does your youth suffer from, have they ever experienced, or are they being treated currently for any of the following:
 - asthma
 - epilepsy / seizure disorder
 - heart trouble
 - diabetes
 - frequently upset stomach
 - physical handicap
4. Date of last tetanus shot: _____
5. Does your youth wear
 - glasses
 - contact lenses?
6. Please list and explain any major illnesses your youth has experienced during the last year:
 Should your child's activities be restricted for any reason? Please explain:
For your information, we expect each student to conform to these guidelines:
 No fighting, weapons, fireworks, lighters, or explosives of any kind.

No boys in girls sleeping quarters and no girls in boys sleeping quarters at any time
Participation in group activities is expected
Respect on another, staff and adult leaders

Respect each other's property
Respect and comply with event schedules
No possession or use of alcohol, tobacco or drugs
No offensive or immodest clothing

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, _____ have read the above guidelines and I agree to abide by them.
Student Signature: _____ Date: _____

This form gives permission to seek whatever medical attention is deemed necessary, and releases Koinonia Church and its staff of any liability against losses of named youth.

I/we the undersigned have legal custody of the student named above, a minor, and have given our permission for him/her to attend events being organized by Koinonia. I/we understand that there are inherent risks involved in any ministry or camp (swimming, team games, running, hiking, paintball snowboarding, tubing, box sled racing, etc.). I/we release the church, its pastors, employees and volunteer workers from any and all liability for any loss, injury or damage to person or property that may occur during the course of my/our youth's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damage arising from giving of such consent. I/we also acknowledge that we are ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further I/we affirm that the health insurance information provided above is accurate at this date and will to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our youth home at my/our expense should they become ill or deemed necessary by the youth ministries staff member.

I/we also grant Koinonia Christian Fellowship, the right to photograph, and/or record my child/ward in connection with activities of Koinonia Church and to use the photograph and/or recording for all purposes including promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Koinonia Church
Candace Cortez
Pastor Youth Ministry

**Parental Consent & Instructions For
Koinonia Church Counselor -Assisted Medication Administration**

Child's Name: _____ DOB: _____

Medication Name & Dispensing Instructions

Medication Name & Dispensing Instructions

Medication Name & Dispensing Instructions

All medications will be given at breakfast, lunch, dinner and bedtime unless otherwise specified.

We will bring Tylenol (Jr Chewable), Pepto-Bismol and Benadryl and make it available to students as needed. By signing this, I authorize the above medication to be given to my son or daughter.

Parent/Guardian Signature: _____ Date _____

Best Contact Number(s) _____

Help us make this an unforgettable weekend for your student.

What should your chaperone know about your son/daughter?
(e.g. first time away from home, sleep walks, etc.)

Is there any background information that would help us ensure your student has a wonderful weekend? (e.g. stress at home, has questions about spiritual matters, difficulty making friends, etc)

Please list three things you would like to see happen in the life of your student this weekend?

1. _____

2. _____

3. _____