The Mix Youth Cooperative & OneLife Community Church MEDICAL RELEASE FORM & PERMISSION SLIP

, I give permission for the subject of this As a parent/legal guardian of release to be involved in the overall activities and events of the MIX Youth Group Cooperative. I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense. I/We understand all reasonable safety precautions will be taken at all times by The Mix Youth Cooperative/OneLife Community Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold The Mix Youth Cooperative/OneLife Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. **Emergency Contact Person** Parent/Guardian Name (Please Print)______Name of Student _____ Parent /Guardian Signature ______ Date ____ Address/City/Zip (W) Phone # _____ (H) Phone# _____ Students Date of Birth _____ Sex Male Female Height Weight Details of the Student Age **Alternate Contact Person** Address/City/Zip (W) Phone # (H) Phone# **Health & Insurance Information** If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is in the activity. Do you have health insurance? Yes No Health/Med. Ins. Co. ______ Policy Number _____ In whose name is the insurance?_____ Family Doctor's Name _____ City ____ Phone # _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her during their time with the youth ministry activity.

Health History Any pre-existing medical conditions Name and dosage of any medications that must be taken Medications ____ Heart conditions ____ Diabetes Hay fever Insect Stings Epilepsy/Nervous Disorders Asthma Frequent Stomach Upsets ____ Physical handicap Any major illnesses during the past year? If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) Date of last Tetanus shot ______ Do you wear contact lenses? _____ Any swimming restrictions? ____ Yes ____ No If yes, what are they? _____ Any activity restrictions? Yes No If yes, what are they? Any other restrictions, details, information, that we should know about? (Please Explain) Parent Medical and Liability Release Statement I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown of this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by The Mix Youth Cooperative & OneLife Community Church and its agents during the events and activities. I understand the possibility of risk. I agree not to hold The Mix Youth Cooperative & OneLife Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. Parent /Guardian Signature _____ Date ____ Signature of Student (if over 18 years of age)