



Group Name
 Group Leader

MEDICAL INFORMATION FORM

PERSONAL INFORMATION

Participant Name: _____ Birthdate: ____/____/____ Gender _____
Last First Middle

Permanent Address: _____
Address City State Zip Code

Phone Home: () _____ Work: () _____ Other: () _____

Parent or Guardian (if under 18): _____ Phone: () _____

Parent or Guardian Address (if different than above): _____
Address City State Zip Code

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Home: () _____ Work: () _____ Other: () _____

HEALTH INFORMATION

Physician Name: _____ Phone: () _____

Insurance Information: None

Insurance Carrier or Plan Name: _____

Group / ID Number: _____ Phone: () _____

Immunization Record: Date of last Immunizations (e.g. 5/08)

Tetanus booster _____ Hepatitis B _____ MMR _____ Polio _____ Homophiles Influenza b (HIB) _____

Check if these apply to this individual. If necessary, attach an additional page to describe health history in detail.

Allergies:

- No known drug allergy (NKDA)
- Aspirin Penicillin
- Ibuprofen Acetaminophen
- Bee/Wasp Peanuts (any kind)
- List other allergies

Food Allergies (List/Describe)

Other conditions/Special health needs/Physical limitations: _____

Behavior Concerns (e.g. sleepwalking, night terrors, etc.): _____

List recent operations or injuries (include dates): _____

Recent exposure to contagious/infectious diseases: _____

Any Activity Restrictions: _____

Current Medications:

Medications **must** be in original prescription container identifying: prescribing physician, medication name, dosage, time of administration.

This individual takes NO medication on a routine basis

This individual takes the following medications:

Medication	Reason for taking

Conditions:

- This individual has no chronic health concerns
- Diabetes Asthma
- ADD or ADHD Seizures
- Bed-wetting Back or Neck Injury
- Pregnancy Fainting spells or convulsions
- Nervous Disorder Kidney Related Disease
- Shortness of Breath Any Orthopedic Problems
- Cardiac or Pulmonary Condition or Disease
- High or Low Blood Pressure

Medication	Reason for taking

Non-Prescription Medications:

The following are medications that are stocked in Christian Adventures Med Kits. Check all Non-prescription medications we are permitted to administer.

- Acetaminophen Cough suppressant Dephenhydromine HCL (Benadryl) Antihistamine
- Ibuprofen Antacid Epinepherin (Epi-pen) Loperamide (Imodium)
- Antibiotic Ointment Hydrocortisone Cream Calamine Lotion Topical Analgesic

R E L E A S E A N D I N D E M N I T Y A G R E E M E N T

Medical Release: I hereby give consent in advance to the designated leaders of Christian Adventures (CA) and to the physicians or hospital selected by them to render first aid treatment as in their judgment is reasonably necessary, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia, and surgery.

If participant is under 18 years of age, I, the parent/guardian of _____ (Participant's name), understand that the leaders of Christian Adventures will attempt to contact me before securing medical treatment, but that this consent is given in the event I am not available in an emergency. I release Christian Adventures leaders and staff from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Liability Release: I agree to assume the risk for any and all injuries, including death, that may be sustained by myself, members of my/our family and/or organization or any person invited as part of my group in connection with the use of said premises. I also agree to abide by all rules and regulations as determined by Christian Adventures. I assume full control and responsibility for any persons, entities or things other than Christian Adventures personnel or property who/which are, for any reason, on the facility by reason of my use of the ministries, programs or facilities.

I understand and certify that my, or my child's, participation in Christian Adventure's programs and its activities is completely voluntary, and I have familiarized myself with the programs and activities in which I, or my child, will be participating. I recognize that certain hazards and dangers are inherent in the Christian Adventures activities and adventure programs, including but not limited to Rafting, Boating, Mountain Biking, Road Biking, Horseback Riding, Ropes and Challenge Courses, Off-Campus Events, Rock Climbing, Mountaineering, Hiking, and Backpacking. I acknowledge that although Christian Adventures has taken safety measures to minimize the risk of injury to program participants, Christian Adventures cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize or have instructed my child in the importance of knowing and abiding by the program's rules, regulations and procedures for the safety of all participants.

Further, I agree to indemnify, hold harmless, assume liability for and defend Christian Adventures, its trustees, officers, past present and future members, independent contractors, agents and its successors, assigns and heirs from all costs and expenses, including but not limited to, attorney's fees, reasonable investigative, and discovery costs, court costs, and any other sums which Christian Adventures, its trustees, officers, members, and agents may pay or become obligated to pay for injury, including death, to persons or damage to property resulting from our use of said premises or from our actions or omissions and arising from any cause, including vehicles, except for matters caused by the exclusive negligence or willful misconduct of Christian Adventures or its trustees, officers, members, and agents while acting within the scope of duties of such relationship to Christian Adventures.

Photo Release: I hereby consent to and do authorize the reproduction, publication and use by Christian Adventures and their successors and assigned for advertising, commercial, and/or other purpose, of any photograph, picture, likeness, negatives, prints, motion pictures, video tapes, or any reproduction of the same for myself, my spouse/children or group that I am responsible for. Further I consent to the use of any written or edited material generated by me/my spouse/my child/my group in regard to participating in the activities and programs and grants Christian Adventures exclusive rights to use in any publication and waives all claims for compensation for such use or for damage.

I represent that I am at least eighteen (18) years of age and I am under no mental or legal disability, which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understand the terms of this agreement.

Participant Signature _____ Date _____
If participant is under 18, parent or legal guardian must sign below.

I represent that I am the parent or legal guarding of (child's name) _____.

Parent Signature _____ Date _____

Legal Guardian's Signature _____ Date _____