

YC2007 MEDICAL RELEASE / INSURANCE FORM

Saved By Faith Youth Challenge (Owasso, Oklahoma)

STUDENT _____ BIRTHDATE _____ GRADE _____
Last First Middle

HEIGHT _____ WEIGHT _____

ADDRESS _____
Number Street City State Zip Code

FATHER'S NAME _____ PHONE: HOME _____ WORK _____

MOTHER'S NAME _____ PHONE: HOME _____ WORK _____

GUARDIAN'S NAME* _____ PHONE: HOME _____ WORK _____

**Complete "Guardian Information" only if different from "Parent Information."*

EMERGENCY CONTACT _____

Name Phone Number Relationship
FAMILY DOCTOR _____ OFFICE PHONE _____

FAMILY DENTIST _____ OFFICE PHONE _____

MEDICAL INSURANCE COMPANY _____ POLICY HOLDER _____

GROUP NUMBER _____ POLICY NUMBER _____

DATE OF LAST TETANUS SHOT _____

SPECIAL HEALTH PROBLEMS _____

MEDICATIONS _____

ALLERGIES _____

SWIMMING ABILITY GOOD SWIMMER FAIR SWIMMER NON-SWIMMER

MEDICAL / LEGAL WAIVER

_____ (Camper or Sponsor name) has my permission to attend all Saved By Faith Youth Challenge events and activities during the coming year (up to and including one year from the date below). This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Saved By Faith Youth Challenge and its staff of any liability against personal losses of the named camper or sponsor. I/We the undersigned have legal custody of the camper or sponsor named above, and have given our consent for him/her to attend events being organized by the Saved By Faith Youth Challenge. I/We the understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Saved By Faith Youth Challenge, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our camper's or sponsor'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 staff of the Saved By Faith Youth Challenge, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We acknowledge that we will ultimately be 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 camper or sponsor named above. I/We also agree to bring my/our camper or sponsor home at our my/our own expense should they become ill or if deemed necessary by the Saved By Faith Youth Challenge staff.

PARENT OR GUARDIAN SIGNATURE (on behalf of camper) _____

ADULT SPONSOR SIGNATURE (on behalf of himself/herself) _____

DATE _____

Return the completed forms to:
Saved By Faith Youth Challenge c/o P.O Box 986 Owasso, OK 74055

(Make copies of this document and distribute to your youth campers and Adult Sponsors.)