

MEDICAL RELEASE

PURE LIFE CONFERENCE

(This form is good for Friday March 18 through Saturday March 19, 2011)

_____ has my permission to participate in any and all activities of our event at Cross Pointe Camp, Rocky Mt., Missouri from Friday, March 18, 2011 through Saturday, March 19, 2011.

Participation in church events offers many benefits but I also acknowledge that participation in church sponsored events involve certain risks and hazards of injury and/ or property damage, and may result in my child being unable to contact me or to receive immediate medical care and assistance if injury occurs. I further agree to indemnify _____, its officers, board members, supervisors, agents, and/or employees and volunteers, for any and all damage or injury that my child may cause to result in damage or injury to herself/himself and others as a result of hers/his participation in church sponsored events. I release and waive any liabilities against _____ and its aforementioned agents. I agree if my child is not behaving in a manner consistent with the church's regulations on good conduct, is not following the rules or is being disrespectful to adults in charge of the event, that my child may be excluded from participation.

I acknowledge that these activities and events may include but are not limited to activities both on and off the church property, during the day or evening hours, requiring transportation by motorized vehicles and occasionally involving overnight stays. Such events and activities may involve the preparation and eating of food, and usage of tools and other materials. Some events may involve recreational sports and activities.

Signature of Parent/Legal Guardian _____

Parents/Legal Guardian's Names _____

Home Address _____ City _____ State _____ Zip _____

Home Phone#()-_____-_____- Parent's Cell# ()-_____-_____

In case of emergency, please call:

1. _____ Phone() _____

2. _____ Phone() _____

Any food allergies? Yes ___ No ___ Please describe allergies to food or medications _____

Does your child require any prescribed medication? Yes ___ No ___

Name of medication and required dosage _____

Does your child have any pre-existing or current medical conditions? _____

Insurance Carrier _____ Group Medical # _____

Does your child have any special needs? If so, please explain _____

I'd like you to know the following about my child _____

As a parent/Guardian, of _____ I do hereby authorize _____ as agents for the undersigned to consent to x-ray, examination, medical or surgical diagnosis and or treatment and hospital care which is deemed advisable by, special supervision of any physician or qualified surgeon licensed by Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care rendered but is given to provide authority and power to aforesaid agents to give consent to any and all such diagnosis, treatment or hospital care which is aforementioned physician in the best exercise of judgment may deem advisable.

Signature of Parent/Legal Guardian _____

Please complete this form and return to your Pastor, Youth Pastor, or youth leader – Youth must bring completed, signed form or she/he cannot participate in activities. If you have any emergency and need to contact your child you may call: your youth leader or Lori Blacksher- (573)-280-3140 - Pure Life Event Coordinator