

Embrace Church
Medical Release and Insurance Information
(August 2023-July 2024 Embrace Youth Events Edition, including 2024
Winter Retreat and 2024 GENERATE Camp)

Name of Youth _____
Insurance issued in the name of _____ Is coverage for dependent? _____
Medical/Health Insurance Company Name _____
Policy Number _____ Group Number _____
Preauthorization Phone Number _____

I certify that the above-named youth is my child or my legal ward and resides with me. In the event he/she becomes ill, is injured, or for any reason required medical treatment while attending an Embrace Church function or activity, I do hereby consent to any and all medical or surgical treatment, including anesthesia and operations, which may be deemed and advisable by any qualified physician selected by agents or officials of Embrace Church. In the event treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize the staff at Embrace Church or any other representatives of Embrace Church to give such consent and further agree to hold any person harmless from any claims, demands, or suits of any nature arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I further authorize the release of the listed medical information to the appropriate medical personnel and/or the health coverage insurance company. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for leaders to restrict my child from participation in any activities that they have any questions about for health or other reasons.

The intention of this release is to grant authority to administer and perform any and all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary by any qualified physician. I will see that payment is made for all medical expenses incurred for medical treatment for the above named youth. This payment will be made by myself or by my insurance company providing coverage for the above-named youth.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Embrace Church. I fully release Embrace Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action that might be asserted in our behalf against said church, representatives or staff.

Signature of Parent/Guardian _____ Date _____

Medical Information

Youth's Full Name _____ Date of Birth _____
Boy () Girl () Age _____
Address _____ Home phone _____
City/Zip _____ Email _____

Name of School _____ Grade _____

Father's/Guardian's Name _____ Home phone _____

Occupation _____ Work phone _____
Cell phone _____

Mother's/Guardian's Name _____ Home phone _____

Occupation _____ Work phone _____
Cell phone _____

Person to contact if parent(s) is/are unavailable:

Name and relation _____ Home phone _____
Occupation _____ Work phone _____
Cell phone _____

Physician's Name _____ Phone _____

Health History (check all that apply)

	<u>Diseases</u>	<u>Allergies</u>
Frequent ear infections _____	Chicken pox _____	Penicillin _____
Frequent colds/sore throats _____	Measles _____	Aspirin _____
Sinusitis/Bronchitis _____	Mumps _____	Other _____
Strep throat _____	German Measles _____	Food _____
Mononucleosis _____	Whooping cough _____	Insect Stings _____
Heart defect/disease _____	Tuberculosis _____	Poison ivy/Oak/Sumac _____
Epilepsy/convulsions _____	Polio _____	Hay Fever, etc. _____
Bleeding/clotting disorders _____	Diabetes _____	SUBJECT TO: sleep walking _
Hypertension _____	Asthma _____	Fainting _____ Bedwetting _
Stomach problems _____	Arthritis _____	Constipation _____ Other _____

Other Diseases or Details of Above

Are immunizations up to date? _____ If no, please explain _____
Date of last Tetanus shot _____ Date of last TB skin test _____
Any activity limitations? _____ Do you wear contacts? _____
Any specific activities to be encouraged? _____
Any specific activities to be restricted? _____
List any medications or drugs to be taken regularly _____
Any special medical or dietary regimen to be continued? _____
Suggestions for church leaders or chaperones _____