

Medical Form and Off-Site Release

North Bend Church of the Brethren • 24458 Orange Hill Road • Danville, OH 43014

Participant Name: _____ Birthdate: _____

Mother or Guardian: _____ Phone Number: _____

Father or Guardian: _____ Phone Number: _____

Additional Emergency Contact: _____ Phone Number: _____

(In the event parents/guardians are unavailable)

Youth Advisor(s) attending this event: _____

Guardian Email: _____ Participant Email: _____

List the participant's **allergies, health conditions or dietary needs**. Indicate if life threatening. Attach additional information if necessary.

1. _____
2. _____
3. _____

List the participant's prescription **medications, dose, and frequency**.

1. _____
2. _____
3. _____

I give permission to the Advisor(s) listed above to administer the following over-the-counter medications to my child:

- Ibuprofen Tylenol First-aid treatment as needed

For grades 6th - 8th

The above medications will be carried and administered by the Advisor(s) listed above.

For grades 9th - 12th, please mark the appropriate option below:

The above medications are to be carried and administered by the Advisor(s) listed above.

I give permission for my child in grade 9th - 12th to carry and self-administer the medications listed above.

I give permission to the medical personnel selected by the North Bend Church of the Brethren Youth Ministry to obtain proper medical treatment in case of an emergency, accident, or illness and for the release of medical information in this and future events that I cannot be reached.

I give permission for my child to ride in any vehicle designated by the North Bend Church of the Brethren, its ministers, members, employees, agents, and volunteers while participating in and traveling to and from this and future events related to the North Bend Church of the Brethren. I agree to accept full responsibility, financially and otherwise, for any injury to or damage my child may cause to the properties visited on the activities/events, other person's property, or vehicles used for transportation.

I recognize that the North Bend Church of the Brethren Youth Ministry has taken precautions to provide proper supervision, instruction, training and equipment for each activity. I have instructed my child in the importance of knowing and abiding by activity rules and regulations for the safety of all participants. The North Bend Church of the Brethren Youth Ministry reserves the right to discipline and/or send home any child for any reason in its sole discretion, including rule violations, or health and safety concerns. I understand that it is my responsibility to provide transportation of my child from the travel location if removal of the child from the program is due to disciplinary reasons.

I certify that I have read this document and fully understand its content. I am aware that this is a release of liability and a contract, and I sign it of my own free will.

Print name of child Signature: _____
Child Signature

Print full name of parent/guardian if child is under the age of 18 Signature: _____
Parent/guardian if child is under the age of 18

Date: _____

This document remains active for future activities/events for one calendar year unless revoked in writing by the participant or the participant's parent/guardian.