

Medical Release/Liability Consent Form



ONLY for attendees under 18 (19 if you reside in Alabama).

Your registration will NOT be complete unless we receive this form signed and completed from you. Send this form to the address above or fax it in with application form.

Name	Male / Female Gender	/ / Date of Birth (mm/dd/yyyy)
Address	City	State Zip
E-mail	Phone 1	Phone 2
Name of Parent/Guardian of the Applicant	Phone 1	Phone 2

MEDICAL INSURANCE

INSURANCE COMPANY NAME _____
 INSURANCE COMPANY ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____
 NAME OF INSURED _____
 POLICY # _____
 PHYSICIAN PHONE _____

MEDICAL INFORMATION

Is your son/daughter currently under the care of a physician for a medical problem? Yes No
 If yes, please explain....

Is your son/daughter currently taking medication prescribed by a physician? Yes No
 If yes, please list each medication and circle whether or not it needs refrigeration.

_____ Requires Refrigeration
 _____ Requires Refrigeration

Please list any over-the-counter medications you do not wish dispensed to your child for treatment for minor ailments or injuries.

Does your son/daughter have any of the following medical conditions? If yes, please explain any details under the condition.

Chronic health problems? Yes No

Allergies (e.g. food, bee stings, medications)? Yes No

Program limitations? Yes No

Is there any other information about your son/daughter that an attending physician needs to be aware of? Yes No
 If yes, please explain...

Date of Last Tetanus _____ / _____ / _____
 Date of Last MMR _____ / _____ / _____

 Name of Church/Organization

PARENTAL CONSENT & MEDICAL RELEASE FORM

_____ (Student's name) will be attending JAMA New Awakening 2008 (JAMA NA 08) from 06/29/08-07/02/08 at the Pennsylvania Convention Center, PA. As parent(s), we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said student we (I) hereby release, forever discharge, and agree to hold harmless JAMA NA 08 all sponsors, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said child is participating in JAMA NA 08. Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to JAMA NA 08 to furnish any necessary transportation, food and lodging during JAMA NA 08.

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in JAMA NA 08 and hereby give JAMA New Awakening staff permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery or x-rays. We (I) will assume all responsibility for all medical bills, if any are incurred. I understand that if medical treatment is required, I will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for JAMA NA 08 to publish images of activities and of this participant for the purpose of promoting JAMA New Awakening through communications channels of JAMA New Awakening and its sponsors. We (I) grant this permission freely without reservation.

 Parent/Guardian Signature

 Signature Date

 Parent/Guardian Name

EMERGENCY CONTACT

In case of emergency, please contact...

Name _____

Phone _____

Name _____

Phone _____