

Annual MEFC Medical, Communication and Photo Release Form

Effective dates: 7/1/2016 to 7/1/2017

Please print in ink and attach a photo copy of the child's/student's medical insurance card (front and back).

Student's Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in school _____ q Male q Female Address _____

City _____ State _____ Zip _____ Phone _____ Cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. (If necessary, add another page with details.)

1. For your child's safety and our knowledge, is your student a - q good swimmer q fair swimmer q non-swimmer
2. Does your child have any allergies (i.e. pollens, medications, food, insect bites)? qYes qNo

If Yes, please describe allergy and treatment: _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

q asthma q epilepsy/seizure disorder q heart trouble q diabetes q frequently upset stomach q physical handicap

4. Date of last tetanus shot: _____
5. Does your child wear q glasses q contact lenses q none

6. Please list and explain any major illnesses the child experienced during the last year: _____

Additional comments: _____

Should this child's activities be restricted for any reason? Please explain: _____

Method of Communication Release:

During the year your teenager is a member of the MEFC youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of several Risk Management policies at MEFC, we are now seeking your permission for these items.

(over)

___ **Yes**, I give _____ (my youth) permission to communicate with the Pastor of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Email address _____ | <input type="checkbox"/> Cell phone _____ |
| <input type="checkbox"/> Facebook _____ | <input type="checkbox"/> Text message _____ |
| <input type="checkbox"/> Instant Messaging _____ | <input type="checkbox"/> Postal mail _____ |
| <input type="checkbox"/> Home phone _____ | |

I also give permission for the Pastor of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the MEFC youth ministry will *only* be used for the MEFC youth ministry purposes.

___ **No**, I do not give _____ (my youth) permission to communicate with the Pastor of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Email address | <input type="checkbox"/> Home phone |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> Instant Messaging | <input type="checkbox"/> Postal mail |
| <input type="checkbox"/> Text message | |

___ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: _____.

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at MEFC. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by MEFC or a media representative.

___ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

___ **No**, I do not give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases McCook Evangelical Free Church and its staff of any liability against personal losses of named child.

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE CHURCH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF MEFC IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE MCCOOK EVANGELICAL FREE CHURCH TO SEEK 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 McCook Evangelical Free Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately 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 student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, 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 child's involvement.

Parent/guardian's name (printed)

Parent/guardian signature

Date: _____

MEFC Basketball Camp Registration Form

Child's Name: _____
Grade Child will enter this fall: K 1st 2nd 3rd 4th 5th 6th Date of Birth: _____
Gender: BOY or GIRL Child's T-Shirt Size: Y-S Y-M Y-L Ad-S Ad-M Ad-L Ad-XL
Please list any allergies, medical, or special conditions that the High Power Leadership Team should know about: _____

Child's Name: _____
Grade Child will enter this fall: K 1st 2nd 3rd 4th 5th 6th Date of Birth: _____
Gender: BOY or GIRL Child's T-Shirt Size: Y-S Y-M Y-L Ad-S Ad-M Ad-L Ad-XL
Please list any allergies, medical, or special conditions that the High Power Leadership Team should know about: _____

Child's Name: _____
Grade Child will enter this fall: K 1st 2nd 3rd 4th 5th 6th Date of Birth: _____
Gender: BOY or GIRL Child's T-Shirt Size: Y-S Y-M Y-L Ad-S Ad-M Ad-L Ad-XL
Please list any allergies, medical, or special conditions that the High Power Leadership Team should know about: _____

Child's Name: _____
Grade Child will enter this fall: K 1st 2nd 3rd 4th 5th 6th Date of Birth: _____
Gender: BOY or GIRL Child's T-Shirt Size: Y-S Y-M Y-L Ad-S Ad-M Ad-L Ad-XL
Please list any allergies, medical, or special conditions that the High Power Leadership Team should know about: _____

Parent/Guardian Name _____
Primary Phone number: _____ Second Number: _____
Mailing Address: _____ Home Email: _____
Church your family attends: _____

In case of an emergency, when a parent/guardian can not be reached, the church should contact:
Name: _____ Phone: _____
Relationship to child: _____

The person responsible for picking up this child at the end of each camp day is:
Name: _____ Phone Number: _____

Signature of Parent/Guardian

Date

Return this form and the medical release form to the MEFC church office. Thanks!