

# Camp Velocity Student Health Form

\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address

\_\_\_\_\_ Youth Leader

## Immunization Record

Please indicate date of immunizations of the following

<i>Tetanus/Diphtheria:</i>	<i>Polio:</i>	<i>Measles:</i>	<i>Rubella:</i>	<i>Hepatitis B:</i>
DPT/TD	OPV/IPV			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Health History:

Check if these apply to your child:

\_\_\_\_\_ Rheumatic Fever  
 \_\_\_\_\_ Asthma  
 \_\_\_\_\_ Epilepsy  
 \_\_\_\_\_ Diabetes  
 \_\_\_\_\_ Behavior (please describe- e.g. nosebleeds, bedwetting, headaches, sleepwalking, etc.)

### Allergies

Aspirin \_\_\_\_\_  
 Penicillin \_\_\_\_\_  
 Other Drugs \_\_\_\_\_  
 Foods \_\_\_\_\_

Precautions to be observed: \_\_\_\_\_  
 Operations or injuries: \_\_\_\_\_

## Medications:

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event my child should have minor complaints of *uncomplicated/simple* headache, stuffy nose, cough, or diarrhea, I give permission for the registered nurse to administer over the counter medications to help alleviate the symptoms.

Please initial one: \_\_\_\_\_ Yes, I give permission for the nurse to administer over the counter medications.  
 \_\_\_\_\_ No, I do not give permission for the nurse to administer over the counter medications.

I hereby certify that the above health record is, as of this date, accurate and complete.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Completed

**Please attach a photocopy of your current insurance card. (Front and back)**



## Medical Care Release

We (I) authorize an adult, in whose care (name of child) \_\_\_\_\_ has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or medical center, whether such diagnosis or treatment is rendered at the office of said physician and said hospital or medical center.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent(s) or Legal Guardians(s) \_\_\_\_\_

Secondary Phone Number (in case of emergency) \_\_\_\_\_

Insurance Company and Number \_\_\_\_\_

**Please attach a photocopy of your current insurance card. (Front and back)**

## Liability Agreement:

In consideration for permission and support by Christian Youth Collective and all participating churches for my child to participate in and receive accommodation for Velocity 2019, June 23-28, 2019, I, the undersigned, for myself, my heirs, executors, administrators and assigns **do hereby release, hold harmless, indemnify, waive and discharge** Christian Youth Collective and all participating churches, staff members, and their agents (whether paid or volunteer) from and against any and all claims, demands, actions, or causes of action arising from any injuries or damages my child may suffer or sustain by my participation in Velocity 2019. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in travel to and participation in Velocity 2019, **I do hereby agree to assume all the risks and responsibilities** surrounding my child's participation in this activity or any other activities undertaken in addition thereto.

Signature of Parent(s)/ Guardian \_\_\_\_\_

## **Photo Release**

I certify that photographs or videotape pictures of my child participating in *Velocity 2019* programs may be reproduced and utilized in promotional materials for the conference.

**The undersigned acknowledges having read and understood to foregoing informed consent form.**

In witness whereof, I have caused this release to be executed this \_\_\_\_ day of \_\_\_\_\_, 2019.

Participant's Signature \_\_\_\_\_

Participant's Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

