

## PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give my permission for my child to participate in the following activity organized by: **POWERLIFE STUDENT CAMP- Rick Coram Ministries Inc.**

Name of Activity: \_\_\_\_\_

Church : \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Person to contact in case of emergency if you can not be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does the child have any of the following allergies:

Penicillin \_\_\_\_\_ Insect Stings \_\_\_\_\_ Hay Fever \_\_\_\_\_

Poison sumac, oak, or ivy \_\_\_\_\_ Other \_\_\_\_\_

*Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this or any activities?* \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, describe the problems or illness)

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child:

State the name and address, and phone number of this child's dentist and orthodontist:

Please list the medical or hospitalization insurance which provides benefits for this child:

Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder \_\_\_\_\_

Phone No. of Insurance Co. \_\_\_\_\_

Indicate the date of this child's last tetanus shot \_\_\_\_\_  
Are there any activities, such as strenuous activities, to be restricted for this child? \_\_\_\_\_  
If so describe \_\_\_\_\_  
\_\_\_\_\_

Is this child on any medication? \_\_\_\_\_ If so, please state the medication: \_\_\_\_\_

If so, will this child be bringing to the activity the medications that he/she should be taking? \_\_\_\_\_ and should the medication be monitored? \_\_\_\_\_  
Describe any dietary restrictions that this child is required to observe \_\_\_\_\_  
\_\_\_\_\_

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital, to the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

*I the undersigned, do hereby release, remiss, and forever discharge all sponsors of church (listed above), along with Rick Coram Ministries Inc., (PowerLife Student Camp), and East Tennessee State University, and all claims, demands, actions or cause of action, past, present, or future arising out of any injury my child had while participating in the said event or activities.*

*Copy of Insurance card must accompany medical release form.*

\_\_\_\_\_  
(parent or guardian signature)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200.  
State of \_\_\_\_\_, County of \_\_\_\_\_.

In witness in my presence executed the within and foregoing permission and release form.  
Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 200.  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC