

CHURCH	YOUTH LEADERS' NAMES					
NAME						
NAME OF PARENT/S						
HOME PHONE			WORK PHONE			
Person other than parent to be notified in an emergency situation when parent is not available						
NAME						
RELATIONSHIP TO REGISTRANT						
MEDICAL INFORMATION						
Is your child having any of the problems listed below?						
Hay fever, asthma, or wheezing	Yes	No	Trouble with passing urine or bowel movements	Yes	No	
Eczema or frequent skin rashes	Yes	No	Shortness of breath	Yes	No	
Convulsions/seizures	Yes	No	Speech problems	Yes	No	
Heart trouble	Yes	No	Dental problems	Yes	No	
Diabetes	Yes	No	High sensitivity to poison ivy	Yes	No	
Frequent colds, sore throats, earaches	Yes	No	Other	Yes	No	
Please explain any problem areas identified in previous question:						
MEDICATIONS NEEDED OR USED						
Type:			Frequency:			
Reason:						
Type:			Frequency:			
Reason:						
ALLERGIES						
Please list all known allergies (medications, foods, environment):						
IMMUNIZATIONS						
Please be sure your tetanus immunization is up to date						
Tetanus	Yes	No	Date			
RESTRICTIONS						
Should the child's activity be restricted because of any physical defect or illness?					Yes	No
If yes, explain restriction:						
Insurance Information						
Company Name			Policy Holder			
Policy Number			Group Number			
<p>I certify that the information on this form is true to the best of my knowledge. As legal parent or guardian, I understand that every effort will be made to contact me, but I do hereby give permission for the Convention staff or any licensed physician to render emergency medical care to my son/daughter in the event of a medical emergency.</p> <p>I hereby release Covenant Youth Organization, its volunteers, and other youth leaders from any liability for any claims of damages or injury to my child and my child's property. I understand that by signing this agreement, I absolve Covenant Youth Organization, its volunteers, and other youth leaders for any liability for any claims of damages or injury to my child and my child's property for any injury or damages that may occur, including serious injury or death. I also agree not to sue Covenant Youth Organization, its volunteers and other youth leaders for any liability for any claims of damages or injury to my child and my child's property. I have read this release and agreement not to sue. I understand it and I am bound by its provisions.</p>						
Parent/Guardian Signature _____			Date _____			
This Health History/Medical Release form along with the registration form on the other side must be completed in its entirety or it will be returned unprocessed.						