

MEDICAL RELEASE FORM for Youth & Counselors

CENTRIFUGE 2010
Hawaii Pacific Baptist Convention

Please complete and sign the form, then turn it in to your coordinator

Name: _____ M ___ F ___
Address (Street/PO, City, Zip): _____ Phone: (h) _____
Age: _____ School Grade _____ Cell: _____
(Grade just completed)
Church you attend: _____ Shirt size: _____

MEDICAL HISTORY

Allergic Reactions to: aspirin , penicillin , insect bites , food , none
Specify Allergies (especially food allergies) _____
Other (explain) _____
Operations or serious injuries we should be aware of: _____

Date of last tetanus toxoid immunization: Month ____/Year ____

Do you have: Sinus Trouble - Yes No Heart Trouble - Yes No Asthma - Yes No
Hay Fever - Yes No Epilepsy - Yes No Diabetes - Yes No

Do you have any physical limitations? Yes No

If Yes, explain further: _____

AUTHORIZATION AND PERMISSION FORM

I hereby authorize medical assistance and/or surgical treatment in the event of an emergency for above-named participant by physician chosen by the director of the event. (Director of event will make every effort to contact you if any emergency occurs.)

Yes No If no, list alternative: _____

I give permission for the person listed above to go swimming: Yes No

I will **NOT** hold Hawaii Pacific Baptist Convention or its staff responsible for accidents which may occur (Adequate supervision will be provided at all times.)

Insurance Company: _____ Policy No. _____

Person to call in case of emergency _____ Phone No. _____

Other means of communication (cell, pager, etc.) _____

If I can NOT be reached, please notify alternate contact person in case of emergency.

Name (PRINT): _____

Phone: (Home) _____ (Work) _____ (Cell) _____ (Pager) _____

This document serves as release for person listed above to appear in photographs and/or videotapes while participating in this HPBC sponsored event for the purpose of publicity, staff training, and/or promotion. If you do not want any photos for the above released, please check this box.

Date: _____ Parent or Guardian Signature: _____

Parent or Guardian (print) _____