

CONSENT FOR MEDICAL TREATMENT; RELEASE AND HOLD-HARMLESS FOR TRAVEL

Participant's Name (*hereinafter referred to as Participant*) _____

Date of Birth: _____

WHEREAS, Participant wishes to participate in various Northwood Baptist Church, hereinafter referred to as NBC, youth activities, both in and out of the city of North Charleston, South Carolina, and

WHEREAS, certain circumstances may occur resulting in Participant's need for medical/dental care and treatment, and further resulting in Participant's inability to personally give consent for such care and treatment; THEREFORE, in consideration of permission from NBC for Participant to participate in such activities,

I, being of legal age, authorize NBC, or any designated agent of NBC to act on Participant's behalf and to consent to all medical/dental care and treatment procedures that NBC deems necessary for Participant's medical well-being for the duration of the activity in which Participant is participating. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications and is given to provide authorization and specific consent for medical/dental treatment and care in Participant's behalf. Any consent by NBC shall have the same force and effects as if I had personally given the consent.

Listed below is personal health insurance, with no territorial limitation, for the providing of medical services to Participant, which will provide coverage for Participant during the duration of said activity. I understand that NBC provides no health plan and I assume all medical/dental costs of Participant not covered by insurance. If no insurance is present I also assume all costs related to diagnosis or treatment.

Company (a copy of medical insurance card must be provided) Policy/Group #

Insurance Company Phone Number Name and Social Security # of Policy Holder (*required*)

I hereby release NBC, its agents, servants, and employees for any and all damages, liability, or costs resulting from the authorizing of medical treatment on Participant's behalf under the terms of this consent. I further hold NBC harmless and agree to indemnify NBC for any and all costs, damages, or expenses incurred by NBC as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of NBC and its agents, servants, and employees.

Discipline Agreement

The rules and regulations of NBC are expressly designed to ensure the safety and well-being of each participant and to maintain the high degree of Christian integrity to minister effectively. The enforcement of all aspects of these rules and regulations are the responsibility of the NBC staff, which includes Youth Leaders and Advisors. Enforcement shall occur in a manner that NBC staff feels is in accordance with Christian principles and the stated purpose of the activity. NBC expects full cooperation from all participants (and parents, if applicable) in disciplinary decisions made. The NBC staff reserve the right to send any participant home who shows disregard for the stated rules and regulations. The participant and/or his/her family are responsible for any and all costs involved in sending the participant and a chaperone home. These costs may include, but are not limited to, airfare, hotel room, and food for participant and chaperone.

Youth Event Registration & Permission

Before participating in each activity, Participant must fill out a "Youth Registration & Permission" form and pay any fees associated with that particular activity. This "Consent for Medical Treatment; Release and Hold-Harmless for Travel" form does not register or grant Participant permission to participate in any activity.

Parent/Guardian or Spouse Information

Name _____ Daytime Phone _____
Address _____ Evening Phone _____
City _____ Additional Phone _____

In case of an emergency where parent/guardian or spouse cannot be reached, contact

Name _____ Daytime Phone _____
Address _____ Evening Phone _____
City _____ Additional Phone _____

Medical History (Please do not leave blank)

<u>Type</u>	<u>Year Administered</u>	<u>Type</u>	<u>Year Administered</u>
Mumps/Measles/Rubella	_____	Diphtheria/Tetanus	_____
Polio	_____	Tetanus (within 10 yr.)	_____

Please complete the following questions

- Is Participant currently taking any prescribed medication? Yes No
If yes, please list medications and dosage on a 3 x 5 index card and attach.
- Is Participant currently taking any non-prescription drugs on a regular basis, such as antihistamines or pain relievers? Yes No
If yes, please list medications and dosage on a 3 x 5 index card and attach.
- Has Participant ever received treatment or counseling for chemical or substance abuse? Yes No
If yes, please specify when and where _____
- Is Participant presently under a physician's care for any illness? Yes No
If yes, please explain _____
- Does Participant have any allergies medical or otherwise? Yes No
If yes, please explain _____
- Name of family physician and last physical exam _____

List all surgical operations or hospitalizations Participant has undergone

- 1) Operation/illness _____
 - a. Reason _____ Date _____
 - b. Name of hospital _____
 - c. City/State _____ Physician _____
 - d. Remaining effects/precautions _____
- 2) Operation/illness _____
 - a. Reason _____ Date _____
 - b. Name of hospital _____
 - c. City/State _____ Physician _____
 - d. Remaining effects/precautions _____
- 3) If there are other operations or hospitalizations please list them below or on a separate sheet of paper.

Has Participant ever been treated by a doctor for any of the following (*Every item must be marked*):

Yes	No	Yes	No
	Asthma		Heart Trouble
	Diabetes		Kidney Trouble
	Sinusitis		Stomach Trouble
	Epilepsy/Seizure		Mental Illness

If any of the above were "Yes" then please explain or list other medical conditions that affect the health and ability of Participant:

I am aware that this form shall be valid for the period of one year from the date it is signed by the Notary Public. It is my responsibility to update this form as needed if any information should change.

I further authorize NBC to release any and all other medical information or records necessary to any party deemed necessary by NBC, its agents, servants, and employees for the providing of medical treatment to Participant or to adult members of the NBC group to insure proper placement of Participant in such group.

I am aware that serious illness or injury may occur while Participant is participating in an activity with NBC and that such illness and injury may result in Participant incurring costs, expenses, and damages for which I am solely responsible.

I hereby release and hold harmless NBC, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of Participant's participation in NBC activities. I have read and understand the above information. The information I have given NBC is accurate and true to the best of my knowledge.

I also give NBC the right to use my picture, voice, and/or testimony in any form of promotional or advertising materials. My enclosed signature signifies my approval of all limitations listed above as well as my agreement with the Discipline Agreement. My signature insures that all information on these forms is completely true and has not been altered in any way.

If Participant is in the joint custody of both parents, then the signature of the primary custodian is required for all activities. *Any and all activities that occur in a state other than South Carolina will require the signature of both parents.*

Father's signature (*if Participant is a minor*)

Mother's Signature (*if Participant is a minor*)

Guardian's signature (*if Participant is a minor*)

Participant's signature

Before me, the undersigned, a Notary Public in and for said county and state, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office on this _____ day of the month of _____ in the year _____.

Notary Public – Signature and Date

Notary Stamp

My commission expires: _____/_____/_____