



Collegeside Youth Ministry
Information/Medical Authorization for 2018-19 Events

Name (Print Clearly)

Date of Birth

Shirt Size

Address

Male/Female

Grade (18/19)

City/State/Zip

Teen's Cell Number

Email Address (Print Clearly)

If Visiting, I am a guest of: _____

Emergency Contacts

Parents: _____

Home Phone: _____

Father's Work #: _____

Mother's Work #: _____

Father's Cell #: _____

Mother's Cell #: _____

Alternate Emergency Contact: _____

Phone: _____

Emergency Medical Data

Child's Physician: _____

City/State: _____

Phone Number: _____

Please list any known medical conditions, allergies, **and medications currently being taken** on the next page of this form.

My child is insured under the following primary health care plan:

Insurance Company: _____

Plan Name: _____

Group number/name: _____

Subscriber #/name: _____

PLEASE READ PAGE TWO AND SIGN AT THE BOTTOM OF THE PAGE

PERMISSION TO PARTICIPATE

I/We give my permission for my/our child to be transported by bus or van driven by representatives of Collegese Church of Christ to/from Cookeville, TN to the advertised Collegese event held at its advertised location and for my child to fully participate in all activities associated with the Collegese event advertised. I/We understand that there are risks involved with participation in events held off Collegese Church of Christ campus trips and associated activities. In consideration of my/our child being allowed to participate in this event, I/we assume to take responsibility for those ordinary and reasonable risks associated with travel and activities. I/We agree to hold harmless, Collegese Church of Christ, its employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my/our child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees or volunteers. If such circumstances are proved in a court of law, I/we agree that the Collegese Church of Christ, its employees, agents and representatives can assume no financial liability beyond its actual liability insurance policy in force.

PERMISSION TO TREAT

In case of accident, illness or other emergency, I/we request that a representative of Collegese Church of Christ contact me/us. If Collegese cannot reach a parent/guardian after conscientious effort. I/we give permission for Collegese staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for Collegese staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical treatment and/or hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/we give permission for the release of health information including verbal, print, fax and electronic media, for the treatment of my/our child to staff of Collegese Church of Christ and/or attending health care providers.

ADDITIONAL ACKNOWLEDGEMENTS

I understand that if my child's behavior is deemed unacceptable by the staff I will be called and be responsible for coming and taking my child home. I also acknowledge that by signing, I give permission for any pictures with my child to be used on Collegese/Teenside sponsored websites and social media.

Signature of Parent(s) or Guardian

Print names of Parent(s) or Guardian here

Regarding your teenager, Please list any known medical conditions, allergies, and medications currently being taken **HERE**