Elevate Student Ministry
Sherwood Baptist Church
Medical Waiver/Participation Form

□ **Camp** □**SLU 101** □**SLU 201** □**DNow** □**Missions** □**Other_____**

Participant Information

Name _____ Church _____

Birth Date _____ Age _____

Address _____City _____ State_____ Zip_____

****IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING IN THE ORDER LISTED****

1. Name _____Relationship_____

Work Phone _____Home Phone_____ Cell_____

2. Name _____Relationship_____

Work Phone _____Home Phone_____ Cell_____

Participant's Medical Profile and History

□ Please check this box if additional information is attached to this form.

Generally, my health is (check one) □ Excellent □ Good □ Fair □ Poor

If fair or poor, please explain why_____

_____

Check the following conditions or diseases that apply to you:

□ ADD/ADHD	□ Anemia	□ Anxiety Attacks	□ Asthma
□ Diabetes	□ Diagnosed Phobias	□ Dizziness/Fainting	□ Epilepsy
□ GI/Stomach Disorder	□ Hypoglycemia	□ Hypertension	□ Kidney Disorder
□ Heart Disorder	□ Chronic Headaches	□ Meningitis	□ Migraines
□ Thyroid Disorder	□ Tuberculosis		

Are there any other conditions or diseases that you currently have or for which you are receiving treatments? These may include psychological conditions as well as physical conditions. If so, please specify the condition and the treatment, if any, you are receiving.

_____

Please List any prescribed medication(s) you will be taking while at the above checked event. Medication sent must be in the original prescription bottle and MUST be turned in to the nurse. NO EXCEPTIONS!

_____

Please list all allergies that you may have. These may include allergies to certain food, medication, insect bites or stings, pollen, plants, or animals. _____

Please describe any other special medical needs or conditions that you may have. These may include significant hearing loss, sight or speech impairments, various physical disabilities, **restricted diet**, etc.

_____

INSURANCE CARD INFORMATION MUST BE COMPLETED AND A COPY OF YOUR INSURANCE CARD MUST BE PROVIDED.

Participant's Name: _____

Insurance Company: _____

Member ID#: _____

Group Name: _____

Group #: _____

Employee Name (Parent or Guardian): _____

Claims Submission:

Address: _____

City, State, Zip _____

Phone # for eligibility/inquiries: _____

If you do **NOT** have insurance, please check here:

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1. I hereby agree to hold Elevate Student Ministry and/or Sherwood Baptist Church, including the Student Ministries office, it's employees representatives and agents, harmless from and against any and all claims, demands, liabilities, actions, causes of action, damages and/or expenses of any nature and kind and without limitation, arising from personal injuries to me or property damage either resulting directly or indirectly from me participating in Elevate Student Ministry event programs. I acknowledge that I assume the risk of any and all personal injury or property damage that may occur to me, that I will hold Elevate Student Ministry and/or Sherwood Baptist Church completely and totally harmless concerning any such injury or damage, that I hereby waive any cause of action or right to cause of action that I might have against Elevate Student Ministry and/or Sherwood Baptist Church for anything that might thereafter accrue as a result of such injury or damage, and that I have had an opportunity to review this waiver and ask any questions concerning its meaning or intent.

2. In the event I am injured or become ill during an Elevate Student Ministry event, I grand permission for the adults in charge and/or the First Aid staff to obtain and/or provide for me the necessary medical attention and treatment, including but not limited to emergency medical care provided by a hospital, medical clinic, or other health care provider.

3. I give permission for me to be photographed or videotaped during normal Elevate Student Ministry event activities and these photos/videos may be used in promotional material.

I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity.

_____ _____

Signature Date

Notary Public

State of _____ Witness my hand this _____ day of _____, 20_____

County of _____ _____ _____

Notary Signature Date