

**Medical, Assumption of Risks and Permission Form
PSEC Youth Event**

Name of youth participant: _____

Birth date: ___/___/___

Home Address: _____

Emergency Contact Name/Number: _____

Has this person had any medical problems of which an emergency physician would need to be aware (i.e. but not limited to: asthma, allergy to drugs, food or other, chronic illnesses, headaches, heart ailment, epilepsy, diabetes, special physical needs, emotional problems, or dietary restrictions)?

YES NO

Should there be any limits on physical activity? YES NO

At the present time, is this person under a physician's care? YES NO

If YES to any of the above, please describe:

Is this person taking any medication? YES NO

If YES, list names, dosage, why taken, and any side effects:

Is this person covered by medical insurance? YES NO

Name of Insurance Company: _____

Policy Number: _____

Name of insured: _____ Relationship to participant: _____

Is pre-authorization required for emergency services? YES NO

If so, what is the phone number of the insurance company? (_____) _____

If this person is below the age of legal consent (18 years) the law requires that we have your permission to give medical service should the need arise. Please read carefully and sign below.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the leaders of the youth event to seek routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also agree to assume any financial responsibility for my child's care. I agree to the release of any records necessary for insurance purposes. I also understand that there are inherent risks to my child by participating at this event, even with the best of circumstances. With such knowledge I hereby accept such risks, and having read all of the above information, I hereby give permission for my son/daughter to attend this youth event. I give permission that photos and videos of the youth for whom I am responsible obtained during this event may be used or exhibited for purposes to promote PSEC youth ministry and other events.

Signed: _____ (parent or guardian) Today's Date: _____