

# STUDENT CONFERENCE MEDICAL/PHOTO/VIDEO/AUTHORIZATION

(To be filled in by parent or adult camper)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First M.I.

Parent or Guardian (or spouse) \_\_\_\_\_ Phone \_\_\_\_\_  
Area/Number

Home address \_\_\_\_\_  
Street & Number City State Zip

If not available in an emergency notify:  
Phone \_\_\_\_\_  
Name \_\_\_\_\_ Area/Number \_\_\_\_\_

Street & Number City State Zip  
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### HEALTH HISTORY: (Check-giving approximate dates) ALLERGIES, IMMUNIZATIONS & DISEASES

Frequent Ear Infections _____	Hay Fever _____	Chicken Pox _____	Heart Defect/Disease _____
Poison Ivy, etc. _____	Measles _____	Convulsions _____	Insect Stings _____
German Measles _____	Diabetes _____	Penicillin _____	Mumps _____
Bleeding/Clotting Disorders _____	Other Drugs _____	Asthma _____	Tetanus _____

Operations or serious injuries (dates) \_\_\_\_\_  
Chronic or recurring illness \_\_\_\_\_

Other Diseases or details of above \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ If so indicate  
Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

Suggestions from parents: \_\_\_\_\_

### IMPORTANT – MUST BE COMPLETED FOR ATTENDANCE

Parent's Authorization. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted:

I hereby give permission to the physician selected by the Student Conference staff, or the authorized church youth sponsor to order x-rays, routine tests and treatments for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the youth strategist to transport, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I further agree to pay reasonable costs for medical treatment rendered.

Also, I understand that as a participant, my child may be photographed or videotaped during normal Conference activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above is correct and I do hereby release and forever discharge all sponsors, \*-the Northwest Baptist Convention and employees, and any church from any and all claims, demands, actions or cause of action, past present, or future arising out of any damage or injury while employed by or participating in the Student Conference..

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_