

Just Claim It Medical Consent Release Form

Guardian and Emergency Contact Information

In the follow section, please list the guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the guardian(s) cannot be reached. Please print.

Delegate's Name _____	D.O.B. _____	/	/	
		Month	Day	Year
Legal Guardian(s) _____ If Applicable				
Address _____				
	Street	City	State	Zip code
Home Phone # () _____	Daytime Phone # () _____			
Emergency Contact _____				
Home Phone # () _____	Daytime Phone # () _____			

Delegate's Health Record and Medical Information

Delegate's Physician _____	Phone # () _____
Health Card # _____	Insurance Carrier _____ Group# _____
Does the Delegate have any medical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the Delegate have any activity restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Explain: _____	Explain: _____

History

- Sore Throats
- Sinusitis
- Bronchitis
- Fainting
- Upset Stomach
- Kidney Trouble
- Convulsions
- Sleepwalking
- Heart Trouble
- Diabetes
- Asthma
- Bed wetting
- Dietary restrictions
- Psychological needs

Allergies

- Drugs
 - Food
 - Plants
 - Animals
 - Bee/Insect stings
 - Other: _____
- Antidote: _____
 Nurse administered
 Self Care

Medications

Is the Delegate currently taking medications? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Explain: _____	
Drug Name: _____	Dosage: _____

Medical and Liability Release

I am applying to participate in the activities of the North American Division World Youth Prayer Conference as scheduled by the North American Division Youth/Young Adult Department, and I will abide by all Ohio Laws, rules, regulations, policies and directives of the officials of the North American Division Youth/Young Adult Department. I understand that as delegate, I may be photographed and videotaped during the event. I hereby give to the North American Division Youth/Young Adult Department my permission to use this material and release them from all liability and give the rights for publication of said materials for future promotions and advertising. Further, I consent and give the North American Division Youth/Young Adult Department authority and permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency illness for me / or my minor child.

NOTE: Every effort will be made to contact me in case of an emergency; however, I will hold the North American Division Youth/Young Adult Department forever harmless for supervising all required emergency care. I will be responsible for all payments of all treatments, hospitalization, anesthesia or surgery as respects to the emergency care on my behalf. (Parents / Guardian signature required for person under the age of 18 years old).

Delegate Signature: _____	Date _____
Parent/Guardian Signature: _____	Date _____
Witness: _____	Date _____
(Someone other than a family member)	