



Challenge 2012 Health and Permission Form



reachstudents

All participants must complete this health and permission form. Lead youth workers must bring two copies of everyone's health form to CHALLENGE.

NAME _____ DATE OF BIRTH _____

MALE _____ FEMALE _____ CHURCH ID # _____

1. Are you aware of any physical condition or that could present a problem during the week of conference?
If so, please explain:

2. List any recent illness:

3. Are you presently using any prescribed medication? _____
If so, please explain:

4. List allergies, if any:

5. Year of last Tetanus Shot _____ (You do not need one for conference but emergency care gives one if none has been received in the past 10 years.)

6. Participant's Insurance:

Company _____ Policy # _____

Name of policy holder _____

Prescription coverage by: _____ Policy # _____

The following must be signed by a parent or guardian if the conference attendee is under 18 years of age.

I hereby authorize and give my consent to the health officials of the CHALLENGE 2012 Conference to arrange for performance on or administration to the above named student for any necessary emergency, medical, or surgical treatment. I understand that conference officials and/or our youth workers will attempt to contact us by phone before relying on this authorization.

I request and authorize medical personnel to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child.

I hereby grant to the Evangelical Free Church of America (EFCA) and to its employees, agents and assigns the right to photograph me or my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I acknowledge that no representations, warranties, guarantees as to results or cures will be made.

Legal Guardian (signature) _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work or cell) _____

Date _____ Relation to student _____

Signature of Adult Witness _____

Who to contact in an emergency if different than above:

Name _____ Phone _____