Southern Minnesota T.E.C.
Health Information and Participant Authorization Form

Full Name: _____ Date of Birth: _____

IN CASE OF AN EMERGENCY NOTIFY:

Name(s): _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's Name: _____ Clinic's Name: _____

Clinic Phone: _____ Clinic's Address: _____

MEDICAL INSURANCE INFORMATION:

Company: _____ Cardholder: _____

Policy Number/Group Number: _____

HEALTH HISTORY/INFORMATION:
Check any of the following with which you have had trouble:
- ❑ Asthma
- ❑ Convulsions
- ❑ Diabetes
- ❑ Fainting spells
- ❑ Heart Trouble
- ❑ Other (please specify)

Allergies to food (list): _____

Allergies to medication (list): _____

Do you now have a condition requiring medication?   YES   NO

Please list any medications that you will be bringing with you (include name, directions for use, and purpose):
_____

What activity restrictions do you have for medical reasons? _____

May Southern Minnesota Teens Encounter Christ dispense over-the-counter medication for minor symptoms?   YES   NO

This health information is correct to the best of my knowledge. The participant named above has permission to engage in all prescribed activities except as noted above. In the event I cannot be reached during an emergency, I hereby give permission to the physician selected by the Adult Coordinator in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter/ward. I understand that in the event of an emergency, the hospital, clinic, or health care provider may need to contact me for additional information.

I give permission for my son/daughter/ward to take part in Southern Minnesota Teens Encounter Christ. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Southern Minnesota Teens Encounter Christ its agents, and officers, and the chaperones, leaders, organizers, and sponsors, and person transporting our child to and/or from these activities. Neither the Southern Minnesota Teens Encounter Christ nor any of said person shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

I give permission for my son/daughter/ward to be photographed during participation in Southern Minnesota Teens Encounter Christ. I also give permission for photographs of my child/ward to be published for publicity reasons on the Southern Minnesota Teens Encounter Christ website.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

SIGNATURE (Participant): _____ Date: _____

PRINTED NAME (Participant): _____

SIGNATURE (Parent/Guardian): _____ Date: _____

PRINTED NAME (Parent/Guardian): _____