



Fond du Lac Area Youth for Christ Fresh Start ~ Campus Life ~ The UNION

CONSENT & MEDICAL RELEASE

Parents & legal guardians of minor children are asked to complete this form.

GENERAL INFORMATION: (please print)

Student's Name _____ Birthdate _____ Grade in School _____

Mother's Name _____ Father's Name _____

Student's Address _____

Home Phone # _____ Parent's Work Phone #(s) _____

Family Doctor _____ Phone # _____

Family Dentist _____ Phone# _____

CONSENT

I, being the parent or legal guardian of the student named above, do consent to the participation of the student in all of the activities sponsored by FdL Area YFC, Campus Life, Fresh Start, and The UNION from this date forward. This includes all trips and activities associated with these groups. I certify that the student is physically fit to participate in such event (except as noted.)

PUBLICATION RELEASE

YFC is given permission to use name, still photograph, video or any reproduced likeness of said student for any promotional publications, advertising, or education presentations sponsored by their organization.

THIS DOCUMENT will be kept on file and is binding until I notify YFC otherwise.

Signature of Parent/Guardian _____ Date _____

MEDICAL QUESTIONNAIRE

Is the student presently being treated for any injury or sickness or taking any form of medication for any reason?

YES NO (if yes, please explain)

Is student allergic to any type of medication? YES NO (if yes, please explain)

Does student require a special diet? YES NO (if yes, please explain)

Does student have any other allergies other than medical? YES NO (if yes, please explain)

Does the student have any physical handicap or illness, which would present him/her from participating in normal rigorous activity? YES NO (if yes, please explain)

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in case of medical emergency involving the student. However, in the event that I cannot be reached, I authorize an adult sponsor of YFC (paid or volunteer) to secure and consent to such medical, dental, psychological and/or surgical treatment deemed necessary for the treatment of an accident or illness. I understand that YFC/Campus Life/FreshStart/The UNION, will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the Fond du Lac Area Youth for Christ office in the event of any health changes, which would restrict the student's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict the student from any activity that they do not feel is within the physical capabilities of the student.

Signature of Parent/Guardian _____ Date _____

Medical Insurance Company _____ Group # _____

Name of Insured _____ Claim ID# _____