

PERMISSION AND MEDICAL CONSENT

April 2012 Youth Retreat

As parent or legal guardian, I hereby give permission for my child to participate in the following activity (the "April 2012 Youth Retreat"), organized by SCF Hengshan, SCF Hongqiao, and SWIF Youth Ministries:

Child's full name: _____
Last First Middle

Sex: M F Birthday: _____ Age: _____

Parent or Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

If not available in an emergency, notify:

1)	Name:	2)	Name:
	Address:		Address:
	Phone:		Phone:

Does this child have any allergies? (e.g. penicillin, insect stings, hay fever, other drugs, food, etc.) Please indicate below:

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this Activity?

Yes No If yes, please describe the problems or illnesses:

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child:

State the name, address, and phone number of this child's dentist (and orthodontist if applicable):

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Is there medical or hospitalization insurance which provides benefits for this child? If so, please indicate:

Name of Insurance Co.:			
Address:			
Name of Policy Holder:			
Policy No. of Insurance Policy:		Phone No. of Insurance Co.:	

Indicate the date of this child's last tetanus shot: _____

Are there any activities, such as strenuous activities, to be restricted for this child? Yes No
If so, describe:

Is this child on any medications? Yes No If so, please state the medication, and whether the child will be bringing these medications to the Activity that he/she should be taking:

Describe any dietary restrictions that this child is required to observe:

Other comments or suggestions from the parent or guardian concerning this child:

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

In addition, I understand that Shanghai Community Fellowship (SCF), Shanghai West International Fellowship (SWIF), and/or the SCF/SWIF youth staff is not responsible for injuries that may occur during the Activity. I hereby voluntarily waive any claim against these parties.

Signature of
parent or
guardian:

Date:

Print Full Name:
