Upper Columbia Conference of Seventh-day Adventist

Medical Consent & Release Form

Guardian and Emergency Contact Information

This form must be filled out at the beginning of every year to cover the activites for the year.
A copy of each student's form must be taken on off-site activities.

Attendee's name _____ Age____ DOB _____ Gender M F

Address _____ Texting ok?

Father/Guardian _____ Work # _____ Cell/Home # _____ Y☐ N☐

Mother/Guardian _____ Work # _____ Cell/Home # _____ Y☐ N☐

Emergency Contact _____ Work # _____ Cell/Home # _____ Y☐ N☐

Attendee's Health Record & Medical Information

Attendee's Physician's Name _____ Physician's Phone ( ) _____

Insurance Carrier _____ Member #/ID _____ Group No. _____

Does the attendee have any medical restrictions? Yes No Does the attendee have any activity restrictions? Yes No

Explain: _____ Explain: _____

History

☐ Sore Throats ☐ Sleepwalking
☐ Sinusitis ☐ Heart Trouble
☐ Bronchitis ☐ Diabetes
☐ Fainting ☐ Asthma
☐ Upset Stomach ☐ Bedwetting
☐ Kidney Trouble ☐ Dietary Restriction
☐ Seizures ☐ Psychological Needs

Explanations: _____

Shots

_____
Date of last Tetanus shot

Allergies - List Specifics

Reaction: Treatment:

☐ Drugs _____
☐ Food _____
☐ Plants _____
☐ Animals _____
☐ Bee/Insect Stings _____
☐ Other _____

_____

Medications

Is the attendee currently taking medications? Yes No

Explain: _____

Drug Name _____ Dosage _____

Drug Name _____ Dosage _____

Drug Name _____ Dosage _____

Initial: _____ Date: _____ Initial: _____ Date: _____ Initial: _____ Date: _____

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Medical and Liability Release

I/we, the parent(s) or legal guardian(s) of the above named child, attest that the above medical history and information is correct to the best of my knowledge and that the child has permission to engage in all activities. In the event I/we cannot be reached in an emergency, I/we convey temporary authority to the adult leader to whom the child is charged for the sole purpose of obtaining or arranging any emergency medical or dental care for the child as may be deemed necessary for the well-being of the child. I/we waive and release the local church, Upper Columbia Conference, North Pacific Union Conference, North American Division, and General Conference of Seventh-day Adventists from any and all liability for actions taken on behalf and for the care of the child.

I, _____, understand that my child may be photographed or videotaped during club events. I hereby grant permission to the Upper Columbia Conference to use their image for any and all uses including, but not limited to news releases, ministry, promotional or educational material, printed or electronic publications, and websites.

Parent/Guardian _____ Date _____