

FUSION Youth
Medical Release & Permission Form

Effective dates: CAMP DESTIN (July 11th, 2010 through July 16th, 2010)

Please print in ink:

Name: _____ Age: _____ Birthday: _____

Male Female Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Medical Insurance Company: _____

Policy # _____ **Group #** _____

Please attach a copy of your insurance card listed above.

Mother's name: _____ Phone H _____ C _____

Father's name: _____ Phone: H _____ C _____

Emergency contact: _____ Phone: H _____ C _____

Family Physician: _____ Office Phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

Check the following areas of concern for this student. If necessary, add another page with details:

Does your child have allergies to:
 Medications Food Insect Bites

List any allergies below:

List any current medications below:

2. Does your child suffer from, ever experienced, or is being treated currently for any of the following:
 Asthma Epilepsy / Seizure disorder Heart Trouble Diabetes Physical handicap

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3. Please list and explain any major illnesses or surgeries your child experienced during the last year:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations will be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

_____ has my permission to attend **Camp Destin @ Sandestin Resort in Florida.**
(Student Name)

sponsored by **FUSION YOUTH and Morningstar Fellowship Church** (herein after the "Church")

From **July 11, 2010 through July 16, 2010.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of the above named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/ we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries pastor.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Date: _____

Parent/guardian signature (if student is a under the age of 18): _____