Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. **Coverage by (Your Church/Organization) through its accident policy will be used, as a backup for what my family’s insurance does not cover.**

I understand all reasonable safety precautions will be taken at all times by (Your Church/Organization) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Northwest Academy, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature ________________________________
Date __________
Signature of Student (if over 18 years of age) ____________________
Health Form

(Name of the Event)

(Please Print)
Name of Student _______________________ Date of Birth __________
Address __________________________________________________
City ______________________ State _____________ Zip ________
Home Phone (____) _____________ Sex _____ Height __________
Weight _________ Social Security # __________________________

Emergency Contact Person:
Parent/Guardian Name _____________________________________
Address (if different than above)______________________________
City ______________ State _____________ Zip __________
Work Phone (____) ____________________

Alternate Contact Person: (use someone near the primary contact)
Name______________________________
Address: __________________________
City ______________ State _____________ Zip __________
Home Phone (____) ___________ Work Phone (____) __________

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? ______ Yes _______ No

Name of Insurance Company ________________________________
Policy Number _______________ Group Number _______________
In whose name is the insurance? ______________________________
Family Doctor ____________________ City ____________________
Phone Number (____) ______________

If your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.
Health History:

Pre-existing or present medical conditions
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name and dosage of any medications that must be taken
________________________________________________________________________
________________________________________________________________________

Any allergies? ____________________________ to medications? _______________________

___ Hay Fever ___ Heart Condition ___ Diabetes
___ Insect Stings ___ Epilepsy/Nervous Disorders
___ Asthma ___ Frequent Stomach Upsets
___ Physical Handicaps
___ Any Major Illnesses during the past year?

If any of the above is checked, please give details (example; include normal treatment of allergic reactions)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of last Tetanus Shot _________ Contact Lenses? __________
Any swimming restrictions _____ Yes ____ No
What are they? _________________________________________________
Any activity restrictions? _____ Yes ____ No
What are they? _________________________________________________
Parent Information and Release Form

(Name of the Event)

Parent/Guardian Information and Permission Form
Name of Activity and Dates

__________________________________________________________
__________________________________________________________
__________________________________________________________

(Please Print)
Name of Student ___________________________________________
Date of Birth _______ Age ______
Address __________________________________________________
City ________________ State __________ Zip __________________
Home Phone (____) _______________ Sex ______

Listed below are some of the activities we have planned to offer to the students during the trip. Place your initials next to specific activities listed below to indicate your approval of your child’s participation.

____ Horseback Riding _____ Playing Sports _____ Rock Climbing
____ Canoeing _____ Rope Course _____ Zip Line
_____ White Water Rafting _____ Wilderness Backpacking
_____ Snow Skiing _____ Innertubing _____ Water Skiing
_____ Personal Watercraft _____ Fishing _____ Skydiving

Parent/Guardian Signature __________________________________
Date __________
Student Signature (if over 18 year of age) __________________________
Student Code of Behavior

Rules of Behavior Expected of Each Student

1. No Alcohol
2. Attendance at all meetings is mandatory
3. No guys in girls sleeping quarters (vice versa, too)
4. Follow Curfew
5. No Smoking
6. No drugs of any kind allowed except Prescriptions
7. No electronic devices such as gameboys/Tape,CD or radios/cel phones or computers allowed

Parent and Student Release Statement:

As a parent/legal guardian of (name of student), I have reviewed the information about the (name the activity/event) and give my permission for the subject of this release to be involved in the overall activities and in the specific activities that I have initialed above.

I/We have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as Northwest Academy deems necessary.

I/We understand all reasonable safety precautions will be taken at all times by the Northwest Academy and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Northwest Academy, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature __________________________________________
Student Signature __________________________________________
Date ________________