

# Texas Conference of Seventh-day Adventists Medical Consent & Release Form



## Guardian and Emergency Contact Information

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

**Please print.**

Attendee's Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
Month Day Year

Address \_\_\_\_\_  
Street City St Zip

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Attendee's Health Record and Medical Information

Attendee's Physician's Name \_\_\_\_\_ Physician's Phone ( ) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Health Card No. \_\_\_\_\_ Group No. \_\_\_\_\_

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

Explain: \_\_\_\_\_ Explain: \_\_\_\_\_

### History

### Shots

### Allergies - List specifics.

- |                                         |                                               |
|-----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Sore Throats   | <input type="checkbox"/> Sleepwalking         |
| <input type="checkbox"/> Sinusitis      | <input type="checkbox"/> Heart Trouble        |
| <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Fainting       | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Upset Stomach  | <input type="checkbox"/> Bedwetting           |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Dietary restrictions |
| <input type="checkbox"/> Convulsions    | <input type="checkbox"/> Psychological needs  |

Date of last tetanus shot  
\_\_\_\_\_

- |                                                     |                                             |
|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Drugs _____                | Anidote: _____                              |
| <input type="checkbox"/> Food _____                 | <input type="checkbox"/> Nurse Administered |
| <input type="checkbox"/> Plants _____               | <input type="checkbox"/> Self Care          |
| <input type="checkbox"/> Animals _____              |                                             |
| <input type="checkbox"/> Bee/Insect stings _____    |                                             |
| <input type="checkbox"/> Dietary restrictions _____ |                                             |
| <input type="checkbox"/> Other _____                |                                             |

Explanations: \_\_\_\_\_  
\_\_\_\_\_

## Medications

Is the attendee currently taking medications?  Yes  No

Explain: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

## Medical and Liability Release

I am applying to participate in an activity of the Youth Ministries Department as scheduled by the Texas Conference of Seventh-day Adventists, and I will abide by all Texas Laws, rules, regulations, policies and directives of the officials of the Texas Conference. I understand that as an attendee, I may be photographed and videotaped during this event. I hereby give to the Texas Conference Youth Ministries my permission to use this material and release them from all liability and give the rights for publication of said materials for future promotions and advertising. Further, I consent and give the Texas Conference Youth Ministries authority and permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency illness for me/or my minor child.

**Note:** Every effort will be made to contact me in case of an emergency; however, I will hold the Texas Conference Youth Ministries forever harmless for supervising all required emergency care. I will be responsible for all payments of all treatments, hospitalization, anesthesia or surgery in respect to the emergency care on my behalf. (Parent/Guardian signature required for person under the age of 18 years old).

Attendee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_