

Authorization for Medical Treatment Form

Youth for Christ-Central Valley, 937 Coffee Road #5, Modesto, CA 95355, (209) 522-9568

Participant's Name _____ Birth Date _____

Parent/Guardian _____ Relationship _____

Address _____ Phone _____

Authorization for Medical Treatment

This release and consent gives Youth for Christ permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Youth for Christ permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Youth for Christ and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

Student CAN be administered Tylenol, Ibuprofen, Antacids, Benadryl, Throat Lozenges, & topical ointments (hydrocortisone and antibiotic ointment) by Staff nurse: _____ YES _____ NO

In an emergency, you may call the person listed below in the event a parent cannot be reached:

Name: _____ Phone (____) _____

Comments regarding my child's medical history, allergies, or drug reactions, etc., which may be needed in the case of any emergency treatment:

Current Medications: (Medications must be sent with participant in their original containers.)

Medication name

For

Dosage

Health Insurance Co.: _____

Group No.: _____ Phone Number (____) _____

Insured under whose name?: _____

Participant's Doctor: _____ Phone (____) _____

Not Currently Insured – Youth for Christ reserves the right to subrogation if it is later determined that personal medical insurance was in place. Youth for Christ is compliant with the Health Insurance Portability and Accountability Act (or HIPPA).

NOTE: I understand that my personal insurance will be primary coverage for any accident and that Youth for Christ's insurance is secondary up to a maximum of \$25,000 (\$750 for dental claims). Youth for Christ's policy does not cover illnesses. If you have questions, please contact Youth for Christ Insurance Department at (303) 843-6790.

I have read and understand both sides of this agreement.

Signature Required: _____ Date: _____

Authorization for Release of Liability and Consent Form



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(209) 522-9568

Please Print

Participant's Name _____ Birth Date _____

Parent/Guardian _____ Relationship _____

Address _____ Phone _____

Release of Liability

I understand that participating in Youth for Christ activities is a privilege. In consideration of this privilege, I release Youth for Christ, including its directors, volunteers, employees and agents from any physical injury

I understand that my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks associated with any activity, I will assume responsibility for these risks, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Youth for Christ harmless from any claim asserted by me against Youth for Christ, including its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

Consent

I hereby grant permission to Youth for Christ the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Youth for Christ.

I have read and understand both sides of this agreement.

Signature Required: _____ Date: _____
Relationship to Participant (Circle one): Parent Guardian

Signature of minor participant: _____ Date: _____

(If participant is emancipated, proof must be provided prior to activity)