



Child Evangelism Fellowship of North Carolina, Inc.

Medical and Liability Release Form

Name:			
Age:	Date of Birth:	Home Phone:	Alt. Phone:
Parents:			
Emergency Contact:			Phone:
Medical Insurance Company:	Address:	Policy No.	
Policy Holder's Name:	Address:		
Date of last tetanus shot:			
List any food allergies:			
List any medication allergies		List any other allergies	
List any prescription drugs used and their purpose:			
List any special dietary needs		List any illness resulting in doctor or hospital visits over the past three months	
List any physical limitations:		Does your child have any learning challenges that we need to be aware of to help him/her be successful at CYIA Training? Please Explain:	
Please list any major illnesses your child has experienced during the last year:		Should your child's activities be restricted for any reason? If so, please explain:	

Has any of the following affected you past or presently? (check all that apply)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Insect Stings
<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Frequently Upset	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Lyme Disease	<input type="checkbox"/>	Depression

The nurse carries the following stock items. Please check any you do not want your child to receive.

<input type="checkbox"/>	Aleve/Naproxen	<input type="checkbox"/>	Orajel	<input type="checkbox"/>	Mylanta	<input type="checkbox"/>	Cough Elixir	<input type="checkbox"/>	Tribiotic Ointment	<input type="checkbox"/>	Tums
<input type="checkbox"/>	Benadryl	<input type="checkbox"/>	Ibuprofen	<input type="checkbox"/>	Tears	<input type="checkbox"/>	Pepto-Bismol	<input type="checkbox"/>	Cough Drops	<input type="checkbox"/>	
<input type="checkbox"/>	Imodium	<input type="checkbox"/>	Tylenol Sinus	<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	Acetaminophen	<input type="checkbox"/>	Antacid Chews	<input type="checkbox"/>	

IMPORTANT NOTES:

- Please send prescription drugs in the original container with proper dosage and usage inscribed. Mark the student's name with a permanent pen on all inhalers.
- Parents/Guardian must sign on reverse side of this page, signature on the Medical and Liability Release Form must be on the same piece of paper (back of first page), it cannot be on two separate pages.
- A copy of insurance card (front and back) must be submitted with Medical and Liability Release Form
- CYIA Students are covered by accident insurance while at CYIA training

IMPORTANT - READ CAREFULLY BEFORE SIGNING

Childs Name: _____

Medical and Liability Release:

In the event of sickness or some medical emergency, I, the undersigned parent/guardian, request my child receive medical attention or treatment deemed necessary, therefore, I give permission to any hospital, doctor, and/or healthcare provided to transport, treat and/or admit for care of my child. I understand that I am responsible for all expenses and charges for treatment and care of my child. In the event I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of Child Evangelism Fellowship of North Carolina, Inc.

Understanding that there is always a possibility that my child may sustain physical illness or injury. I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and to the fullest extent permitted by law, I further release and hold harmless Child Evangelism Fellowship of North Carolina, Inc. and the leadership from liability for any and all claims for any personal injury, harm, damage, or death which may occur to my minor son/daughter may sustain during activities with Child Evangelism Fellowship of North Carolina, Inc.

I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of Child Evangelism Fellowship of North Carolina, Inc.

I also acknowledge that I 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 affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my knowledge, still be in force for the child named on this form.

I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the CEF staff member.

Parent's / Guardian's Signature

Date

Print Parent's / Guardian's Name

Cell Phone: _____

Home Phone: _____

Work Phone: _____