

# Spring Youth Assembly 2019 HEALTH & CONSENT FORM

Name \_\_\_\_\_  
Last name First name Middle name

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper Social Security Number (For use in medical emergencies) \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work/other) \_\_\_\_\_

Emergency Contact (name/relationship) \_\_\_\_\_ Phone \_\_\_\_\_

Camper Birth date \_\_\_\_\_ Camp session name/date: Spring Youth Assembly, Mar. 1-3, 2019

### Camper Health Insurance Information:

Policy Holder Name \_\_\_\_\_

Company name/phone \_\_\_\_\_

Policy # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

**Please provide a copy of your insurance card for verification purposes and return with a completed registration form.**

The following information is required to ensure that your child's individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parent or designated individual. No person under 18 will be allowed to attend camp without a completed health form. Many hospitals require signatures before proceeding with treatment. **INSURANCE:** The Christian Church in Indiana has insurance that covers only accidents that occur at Assembly.

**Note: Family insurance is the primary insurance. The region is the secondary insurance.**

Is the camper in good health and able to participate in all normal camp activities? YES _____ NO _____ If not, explain _____ _____ Date of last complete physical examination _____ Name of Family Physician _____ Phone ( ) _____ Immunization: Date of last Tetanus shot _____ Tetanus booster _____ <b>Health Concerns:</b> Allergic to: Penicillin _____ Sulfa _____ Insect stings _____ Poison ivy/oak _____ Other _____ Subject to: Bed wetting _____ Asthma _____ Convulsions _____ Skin Rash _____ Fainting _____ Athletes Foot _____ Information Camp director should have (explain): _____ _____ If applicant is on any regular medication, state drug and dosage _____ _____ <b>(Medications brought to camp must be in their original container which lists proper dosage and frequency.)</b> <b>I give permission for first aid director to administer over-the-counter drugs (ie.: Tylenol/Sudafed) as needed to this camper.</b> _____ yes _____ no
I/We _____ as _____ of _____, (Relationship to minor) a minor child under the age of eighteen years, do hereby delegate to a representative of the Christian Church in Indiana authority to consent to all health care (x-rays, routine test, hospitalization, injection, anesthesia and/or surgery if necessary) to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana. This authority is delegated due to my/our unavailability to exercise the authority in person. This delegation of authority will commence on _____ and shall be valid until _____. I agree to permit him/her to be transported in private or public vehicles. _____ (Signature of parent/guardian) I hereby give permission for this person's photograph to be used in camp publicity. _____ (Signature of parent/guardian)
<b>LIABILITY:</b> The Christian Church in Indiana is not responsible for personal items that are lost, stolen, or broken at camp sites.

### RETURN REGISTRATION, HEALTH FORM, and COPY OF INSURANCE CARD TO:

Christian Church (Disciples of Christ) in Indiana  
Spring Assembly  
1100 W. 42<sup>nd</sup> Street Suite 150, Indianapolis, IN 46208  
317-926-6051, [www.indianadisciples.org](http://www.indianadisciples.org), FAX: 317-931-2034