CENTRAL BAPTIST CHURCH MEDICAL FORM

Youth All Nighter (December 8 – 9, 2017)
Please complete the entire form! Please register ONE PARTICIPANT per form!

| Name: | | | Age: |
|---|--------------------------------|-------------|--------|
| Name: | Given Nam | | |
| Address: | | Pho | ne #: |
| Birth Date: B.C. Care Card Number: | | | |
| Or other Medical Plan # (Name and Number): | | | |
| EMERGENCY CONTACT | Name: | Home Phone: | |
| | Address: | Bus. | Phone: |
| | Relationship: | | |
| ALTERNATE CONTACT | Name: | Home Phone: | |
| | Address: | Bus. | Phone: |
| | Relationship: | | |
| Relationship: | | | |
| Does the participant have any special needs: physical, emotional or behavioral, which may require special attention? Yes No | | | |
| If yes, please describe in detail: | | | |
| , | | | |
| Administering of Medication | | | |
| All medication required by my child during this event, must be recorded with Joshua Kazakoff BEFORE the event starts (this includes Advil and Tylenol). | | | |
| In the case of an emergency, I understand that every reasonable effort will be made to contact the stated emergency contact person. In the event that they cannot be reached, I hereby give permission for medical treatment to be administered by personnel from the group. | | | |
| On occasion, the leaders might determine that a participant may require Tylenol/Advil. Does your child have any adverse reaction to Tylenol or Advil? Yes No | | | |
| Boes your child have any adverse | reaction to Tylenor of Travil: | 103 | 110 |
| Note: SHOULD A SERIOUS ACCIDENT OR ILLNESS OCCUR, AN AMBULANCE/TAXI WILL BE CALLED. It is my responsibility to check the participants' medical coverage. I recognize that B.C. Care may not cover the ambulance cost. I will pay the ambulance/taxi fee, even if my medical plan does not cover the cost. Yes No | | | |
| WAIVER: I understand that Central Baptist Church will not be held responsible for any damage or injury that occurs during or as a result of the event. | | | |
| Note: This form must be signed by a parent or legal guardian for participants or staff member under 18 years of age | | | |
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| | | | |
| Dated at | , this | day of | |
| Dated at, this day of (Month) (Day) (Year) | | | |
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