

Name and Date of Activity: LCGYF State Convention November 16-18, 2018

Return Date: November 7, 2018

Cost:\$150

Name of Student _____

Date of Birth _____

Emergency Contact Person:

Parent/Guardian _____

Phone _____ Alternate Phone _____

Alternate Contact Person: (use someone near the primary contact)

Name _____

Relationship _____

Phone _____ Alternate Phone _____

Medical Information:

Family Doctor _____

Hospital _____

Insurance Information _____

List any allergies, allergies to medications, medical conditions, and any medications currently taking.

Allergies _____

Medical Conditions _____

Medications (currently taking) _____

Parent Medical & Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Church of God through its accidental policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the First church of God and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the First Church of God, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____

Print Name _____

Signature of Student if over 18 _____

Print Name _____