

Faith Youth Events  
Individual Medical/Permission Form  
Winter Jam 2012 Wichita KS

The Purpose of this form is to ensure consent from parents for participation in all activities at Faith Evangelical Free Church, while also granting permission for the treatment of minors who may unfortunately become ill or injured when the parents or guardians cannot be reached to give consent for treatment. Every reasonable attempt will be made to contact the parent(s)/guardian(s) listed below.

**Emergency Information: (Person to contact in case of emergency)**

Name of parent/guardian \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Family Doctor's Phone \_\_\_\_\_

**Insurance Information:**

Participant is covered by a medical insurance policy:    Yes    No    (circle one)  
Insurance Company Name \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_  
Group Policy Number (if applicable) \_\_\_\_\_  
Authorization Phone Number \_\_\_\_\_  
Allergies or Special Concern \_\_\_\_\_

**Permission/Release/Authorization (For participant's under 18)**

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to attend and participate in Faith E Free Group Trip to Winter Jam. In order for my child to receive necessary medical treatment from the medical staff and/or the staff physicians of the hospital and clinics in case of injury or illness. I hereby authorize the event leaders to obtain and consent to medical treatment for my child for such injury or illness during the Winter Jam Trip. I hereby release and discharge event volunteers, counselors, and staff, Faith Evangelical Free Church and its' representatives/employees from any and all debts, judgments or suits of any kind which may arise or be occasioned as a result of the participant's participation in all activities associated with the Winter Jam Trip.

I further acknowledge and understand that by participating in this event there is a possibility of physical illness or injury that my child is assuming the risk for such illness or injury by her/his participation. Payment of any medical bills will be paid by me or my insurance company.

We, the guardian and the participant, also give Faith Evangelical Free Church and its' employees permission to use the participants image in any material that might be used for ministry reasons in the future.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Parent(s)/Guardian Home Phone#

\_\_\_\_\_  
Date