

# Harper Christian Church Kaw Lake Youth Retreat

## Parental/Guardian Medical Consent & Liability Waiver

This form goes into effect immediately and does not expire

Location ..... 119 S. Pioneer Rd., Kaw City, Oklahoma 74641  
Cost..... \$20.00 includes transportation, meals, accommodations and access to the Sun 'n Fun Water Park of Ponca City, OK.  
Leaders ..... Ed Hughlett, (620) 840-1087; Albert Cinelli, (316) 706-8677 & Kim Cinelli (316) 706-8678  
Dates..... Thursday, August 1<sup>st</sup> through Saturday, August 3<sup>rd</sup>  
Transportation..... Carpool/Rental Van  
Event Details..... Drop off is at the church at 1 pm Thursday and pickup is 9 pm Saturday at the church. Activities include: Swimming, Fishing (**youth older than 16, a fishing license will be necessary. The cost of a one-day fishing license is \$15.00. Official ID required**), ATV Riding (as a passenger only), Boating/Tubing (life jackets provided). Students will be staying in their respective tents (i.e., boys' tent/girls' tent), each with an adult.  
What to bring ..... Bible & writing utensil, sleeping bag or twin bedding, pillow & blanket, toiletries, towels for swimming & for shower, modest swimwear (girls: no bare midriffs), cover-up, sunscreen, clothes that can get dirty, plastic bag for dirty laundry, shoes other than flip-flops for ATV riding, flashlight, insect repellent, prescription medications in an original container with readable current doctor's instructions.  
What **not** to bring.... Distractions such as cell phones, other electronics, etc., tobacco, drugs, alcohol, or any illegal substances, immodest clothing, guns (including airsoft/paintball), knives, fireworks or any items used for pranks.

**PARENTS: It is imperative that the information below and on the back of this form be completed accurately and neatly. This information is held in strict confidence.**

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender (circle one) M / F Parent e-mail: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

### Other Emergency Contact:

Name: (Not Parent) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

I give my permission for pictures/videos to be taken of my child so they may be used and/or posted on the church website (or related) to promote youth activities. I understand no names will be used.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff and volunteer staff should be aware, and what, if any action or protection is required on account thereof. **Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken and how often.**

**If your child has had any of the following, circle all that apply:** If necessary, add another page with details.

Asthma	Bleeding Disorders	Chicken Pox	Diabetes	Fainting Spells	Frequent Colds
Frequent Earaches	Heart Trouble	Measles	Mumps	Pneumonia	Scarlet Fever
Seizures/Tonsillitis	Whooping Cough	Convulsions	Other:		

**Any allergic reactions (medications, foods, plants, insects, etc.)?**      No      Yes      If Yes, please describe:

**Does your child wear?**    Glasses                      Contact Lenses                      Neither                      Other: \_\_\_\_\_

**Please list and explain any major illnesses your child has experienced within the past year.** If necessary, add another page with details:

**Should your child's activities be restricted for any reason?** Please explain or please submit your wishes in writing with this form.

**Please list date of last Tetanus Shot:** \_\_\_\_\_

This youth medical release and liability waiver gives Harper Christian Church permission to seek whatever medical attention is deemed necessary and releases the Harper Christian Church and its staff of any liability against personal losses of named child. I/we the undersigned have legal custody of the aforementioned youth, a minor, and have given my/our consent for him/her to attend events being organized by the Harper Christian Church. I/we understand that there are inherent risks involved in any ministry event, and I/we hereby release Harper Christian Church, its ministers, adults, employees, agents and adult volunteer workers from any and all liability for any injury (including death), loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Harper Christian Church, I/we agree to hold Harper Christian Church free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we 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 or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the aforementioned youth.

**I/we also agree to provide immediate transportation to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Pastor, Youth Pastor or staff members because of my/our child's conduct.**

Parent/Guardian Full Name (*please print*) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit a copy of a current health insurance policy/card and attach it to this form.**