

Medical & General Information Form 2011

The Difference Brethren in Christ

This medical and general information form is required for participation in any official youth activity of The Difference Brethren in Christ. This form must be updated prior to the start of each calendar year and shall remain valid throughout the calendar year unless any information changes. Additional copies may be downloaded at www.TheDifferenceBIC.org.

1. Student Information Please print.

STUDENT NAME <small>(Please use a separate form for each student.)</small>		SHIRT SIZE S M L XL XXL	BIRTH DATE
ADDRESS		HOME PHONE	
CITY	STATE	ZIP CODE	
SPECIAL CONSIDERATIONS, ALLERGIES, AND/OR MEDICATIONS (INCLUDE FREQUENCY AND DOSAGE)			

2. Parent/Guardian Information Please print.

FATHER / GUARDIAN NAME	PRIMARY PHONE	SECONDARY PHONE
MOTHER / GUARDIAN NAME	PRIMARY PHONE	SECONDARY PHONE
EMERGENCY CONTACT	RELATIONSHIP TO STUDENT	PHONE

3. Consent, Release, & Assumption of Risk

As the parent(s) or legal guardian(s) of the above named student, we (I) the undersigned do hereby consent for our (my) child to attend and participate in the activities of The Difference Brethren in Christ Church youth ministry during the above indicated calendar year.

We (I) authorize The Difference Brethren in Christ Church, its staff, and volunteers, (hereafter collectively referred to as "The Difference"), in whose care the above named student has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the student under the general or specific supervision and on the advice of a licensed physician or dentist. We (I) shall be liable and hereby agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the student pursuant to this authorization.

We (I) do also give permission for The Difference to photograph the above named student and to use photographs taken in communication materials for The Difference (including, but not limited to web sites, mailings, projection, etc.)

4. Insurance & Physician Information Please print.

INSURANCE COMPANY
POLICY NUMBER
PHYSICIAN'S NAME
PHYSICIAN'S PHONE

5. Parent/Guardian Signatures

FATHER / LEGAL GUARDIAN	DATE
MOTHER / LEGAL GUARDIAN	DATE

6. Student Signature

I agree to respect the guidelines provided by adult leaders. I understand that inappropriate behavioral is subject to appropriate disciplinary action.	
STUDENT	DATE