

## Student Information

# EMERGENCY INFO FORM

Element H.S. Fall Retreat 2019

First Name \_\_\_\_\_ Last \_\_\_\_\_ Birthdate / / \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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

Do you have any allergies?  Yes  No \_\_\_\_\_ If so, describe. \_\_\_\_\_

Do you carry an epi-pen?  Yes  No \_\_\_\_\_ If so, where will it be kept? \_\_\_\_\_

Recent illnesses/health concerns \_\_\_\_\_

## Medication

Name \_\_\_\_\_ Dose/frequency \_\_\_\_\_ Treatment \_\_\_\_\_

Name \_\_\_\_\_ Dose/frequency \_\_\_\_\_ Treatment \_\_\_\_\_

Name \_\_\_\_\_ Dose/frequency \_\_\_\_\_ Treatment \_\_\_\_\_

## Emergency Contact

Parent/guardian #1 \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian #2 \_\_\_\_\_ Phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Insurance Information

Insurance name \_\_\_\_\_ Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Policy holder name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

*If unable to reach contacts above at time of injury or illness, I give permission for my child to be taken to the nearest hospital for emergency treatment. I give First Free Rockford adult leaders permission to dispense medication as prescribed for my child.*

Parent/guardian (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EVENT WAIVER** FIRST FREE ROCKFORD | ELEMENT H.S. FALL RETREAT 2019

## **Attention parents/guardians**

Participants and parents/guardians registering their child/youth in programs must recognize that there is an inherent risk of injury when choosing to participate in recreation activities. First Free Rockford (First Evangelical Free Church of Rockford) continually strives to reduce the risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Failure to comply with the church's established program rules may result in the participants removal from the program. Also, please recognize that First Free Rockford (First Evangelical Free Church of Rockford) does not carry medical insurance for injuries or illness sustained in its program. Therefore, each person registering either themselves or a family member under eighteen (18) years of age for a program should review their own health insurance policy for coverage.

## **Waiver and release of all claims**

As a participant in First Free's program, I recognize and acknowledge that there are certain risks of physical injury and I agree and relinquish all claims I may have as a result of participation against First Free and their staff from any and all claims from injuries, damages or losses which I or my child may have or which may accrue to me on account of participation in the program.

I further agree to indemnify and hold harmless and defend the First Free Rockford (First Evangelical Free Church of Rockford) and their staff from any and all claims resulting from injuries, damages and losses sustained by me or my child, arising out of, connected with, or in any way associated with the activities with the program.

In the event of an emergency, I authorize officials of First Free Rockford (First Evangelical Free Church of Rockford) to secure from any licensed hospital, physician, and/or medical personnel any treatment for any immediate care and agree that I will be responsible for payment of any medical and all medical services.

In the event that disciplinary action is needed, I realize that I will receive a phone call to discuss any action that may need to be taken. I realize that any transportation costs incurred due to early departure are my responsibility.

I hereby grant permission to First Free Rockford (First Evangelical Free Church of Rockford) to photograph/film the camper during camp activities and to use the photos/video in First Free's audio-visual and printed materials without compensation or approval rights.

I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment.

*If student/camper is under age 18, parent/guardian must sign.*

Participant

Signature

Date

Parent/guardian

Signature

Date