

# Bidwell Presbyterian Church Youth Ministries Medical and Information



TODAY'S DATE: \_\_\_\_\_ STUDENT'S GRADE: \_\_\_\_\_  
STUDENT'S LAST NAME: \_\_\_\_\_ STUDENT'S FIRST NAME: \_\_\_\_\_  
CLASS OF (HIGH SCHOOL GRADUATION YEAR): \_\_\_\_\_ GENDER: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_  
PRIMARY ADDRESS, CITY, ZIP: \_\_\_\_\_  
PRIMARY HOME PHONE: \_\_\_\_\_ STUDENT CELL : \_\_\_\_\_  
EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_  
MOM/GUARDIAN NAME: \_\_\_\_\_ DAD/GUARDIAN NAME: \_\_\_\_\_  
MOM CELL PHONE: \_\_\_\_\_ DAD CELL PHONE: \_\_\_\_\_  
MOM EMAIL: \_\_\_\_\_ DAD EMAIL: \_\_\_\_\_

## HEALTH HISTORY

**Allergies:** \_\_\_ Insect/Bee Stings \_\_\_ Medications: type \_\_\_\_\_ Other: \_\_\_\_\_

**Conditions:** \_\_\_ Heart Condition \_\_\_ Frequent Colds \_\_\_ Chronic Asthma \_\_\_ Diabetes \_\_\_ Hay Fever  
\_\_\_ Frequent stomach upset \_\_\_ Epilepsy \_\_\_ Physical Handicap. Other: \_\_\_\_\_

If you checked any of the above, please give details, (i.e. include normal treatment of allergic reactions):  
\_\_\_\_\_  
\_\_\_\_\_

Has student had all school-required vaccinations? \_\_\_ Yes \_\_\_ No Date of Last Tetanus Shot: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_  
\_\_\_\_\_

Any swimming restrictions? \_\_\_ Yes \_\_\_ No Any activity restriction? \_\_\_ Yes \_\_\_ No

What restrictions? \_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION

Health Insurance Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## EMERGENCY CONTACTS

In an emergency and parent/guardian cannot be reached, please contact:

**1) Name:** \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**2) Name:** \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Bidwell Presbyterian Church  
YOUTH MINISTRIES RELEASE FORM**

**AUTHORIZATION FOR MEDICAL TREATMENT**

As the parent or legal guardian of \_\_\_\_\_ (“Minor”), each of the undersigned gives his or her authorization and consent for the Bidwell Presbyterian Church of Chico, California (the “Church”) and the Church’s adult employees, agents, and volunteers (collectively with the Church, the “Bidwell Parties”) to seek, authorize, and consent to such medical or dental care for Minor (“Treatment”) as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the estate or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. This Authorization for Medical Treatment Form may be photocopied and the photocopy shall be as valid as an original copy.

Each of the undersigned acknowledges and agrees that the Bidwell Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor’s participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the Bidwell Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Bidwell Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: \* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment, and only a person who signs will be considered a legal custodian of Minor.*

**CONSENT/INDEMNITY/RELEASE AND DISCHARGE OF LIABILITY**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring up to two (2) years from the date of the signature, and to be transported to, from and during the events in any vehicle designated by an employee, agent, or volunteer (an “Agent”) of the Bidwell Presbyterian Church of Chico, California (the “Church”).

We will do everything we can to provide a safe environment for our youth.  
In consideration of the student being allowed to participate in the Program:

1. I agree to indemnify, defend, and hold harmless the Church and the Agents (collectively, the “Bidwell Parties”) from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Bidwell Party and that arise out of or result from the Student participating in the Program.
2. I hereby release, waive, and forever discharge the Bidwell Parties from liability for, and covenant not to sue or commence arbitration against any Bidwell Party on the basis of, any bodily injury, emotional or mental harm, personal injury, illness, death, or property damage suffered by any person that arises out of or results from the Student’s participation in the Program, whether or not caused, in whole or in part, by the negligence of a Bidwell Party. I make the foregoing release and discharge, and covenant not to sue or commence arbitration on behalf of myself, any other parent or legal guardian of the Student, the Student, and the heirs, executors, administrators, and assigns of each of the foregoing.
3. I understand and agree that the Student may be sent home at my expense if an Agent determines that the Student has engaged in disruptive behavior or broken any rules at any time during an Event.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

**PUBLICATION RELEASE**

I do **NOT** give Bidwell Presbyterian Church staff permission to use my child’s photo on the BPC website, youth Facebook page, and /or printed publication.