

of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Hospital Insurance: Yes No

Insurance Company & Policy Number:

Emergency Phone Numbers:

If child resides with both parents, then both signatures are required. If child resides with custodial parent, said parent should sign and present proof of custody.

Mother Date

Father Date

Legal Guardian (if applicable) Date

Physician Physician's Phone #

Is your child having any of the problems listed below? (Circle all numbers that apply)

- | | |
|-----------------------------------|--|
| 1. Hay fever, asthma, or wheezing | 6. Frequent colds, sore throat, or earache |
| 2. Eczema or frequent skin rashes | 7. Trouble passing, urine, bowel movement |
| 3. Convulsions/seizures | 8. Shortness of breath |
| 4. Heart trouble | 9. Menstrual problems |
| 5. Diabetes | 10. Other (explain in "Remarks" below) |

***** Please explain any problem areas identified above in the "Remarks" section.**

History of emotional/behavioral disturbance? Yes

No

(If yes, explain in "Remarks" section.)

Is medication needed or used by the child?

Yes

No

Special conditions to watch for, such as allergy (food/drugs), bed-wetting, sleep walking, fainting, etc. (If yes, explain in "Remarks")

Yes

No

Does your child have any special dietary needs?

Yes

No

My child/charge has had all immunizations required by the health department:

Yes

No

If no, explain in "Remarks.")

Also, please give date of the last tetanus booster:

Should the child's activity be restricted because of any physical defect or illness? Yes

No

(If yes, please explain the degree of restriction in "Remarks.")

Please Note: All medications are to be submitted to the head counselor before departure on a trip. Please see that these medications are in their original containers and that the child's name is on it. The child is responsible for taking his/her medication(s).

Is your child/charge allowed to swim?

Yes

No

What is his/her swimming ability?

Poor Fair

Good

Remarks: