## **CENTRAL BAPTIST CHURCH MEDICAL FORM**

Lift Off! (February 2 – 3, 2018)

Please complete the entire form! Please register ONE PARTICIPANT per form!

Name:		Age:		
Surname	Given Nan	nes		
Address:		Phone #:		
Birth Date:	B.C. Care Care	l Number:		
Or other Medical Plan # (Name and Number):				
EMERGENCY CONTACT	Name:	Home Phone:		
	Address:	Bus. Phone:		
	Relationship:			
ALTERNATE CONTACT	Name:	Home Phone:		
	Address:	Bus. Phone:		
	Relationship:			
Note: Emergency Contacts MUST be completed!				
Does the participant have any special needs: physical, emotional or behavioral, which may require special attention?				
	Yes N	0		
If yes, please describe in detail:				
Administering of Medication All medication required by my chi includes Advil and Tylenol).	ld during this event, must be r	ecorded with Joshua Kazakoff BEFORE the event starts (this		

In the case of an emergency, I understand that every reasonable effort will be made to contact the stated emergency contact person. In the event that they cannot be reached, I hereby give permission for medical treatment to be administered by personnel from the group.

On occasion, the leaders might determine that a participant may require Tylenol/Advil. Does your child have any adverse reaction to Tylenol or Advil? Yes No

Note: SHOULD A SERIOUS ACCIDENT OR ILLNESS OCCUR, AN AMBULANCE/TAXI WILL BE CALLED. It is my responsibility to check the participants' medical coverage. I recognize that B.C. Care may not cover the ambulance cost. I will pay the ambulance/taxi fee, even if my medical plan does not cover the cost. Yes No

## WAIVER: I understand that Central Baptist Church will not be held responsible for any damage or injury that occurs during or as a result of the event.

Note: This form must be signed by a parent or legal guardian for participants or staff member under 18 years of age

Dated at		_, this	_ day of
	(Month)	(Day)	(Year)