Old Oak Ranch Interns - Impact - Gideon. You must have proof of medical insurance prior to your arrival to camp.

FOURSQUARE EVENTS - PARENTAL CONSENT AND RELEASE FORM

Information in this document is protected by HIPAA privacy laws and should be handled accordingly

Each signed form is only good for travel and attendance to a specific camp. A new form must be completed for each event.

Note to Parent/Guardian: The Foursquare Church wants your child's experience at this event to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have your child's medical history and medical insurance information.

Minor's Name _____ Birthdate _____ Gender: ☐ Male ☐ Female

Parent/Legal Guardian Name _____ Email _____

Home Address: _____ Cell Phone: _____

Work Address: _____ Work Phone: _____

If not available in an emergency, notify:_____ Cell Phone: _____

ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for any accidents and that Foursquare's Insurance is secondary up to a maximum of $100,000 which does not cover illness. If you have questions, please contact ICFG Insurance at (213)989-4400.

My Insurance Provider_____ Policy Number_____

Insurance Company Address/Web Address_____

[ ] Not currently insured - ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place.

The applicant is currently under the care of a physician for the following condition(s):_____

_____

Chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (dates)_____

_____

Explanation of any reported loss of consciousness, convulsion or concussion_____

_____

List any activities from which the applicant should be excluded _____

List any medication/treatment to be continued during the event (specify dosages)_____

Family Physician: _____ Phone: _____

ALLERGIES AND DIETARY RESTRICTIONS (List any food, drug, plant, insect or other allergies) - *only shared with appropriate staff*

[ ] None	[ ] Shellfish Allergy	[ ] Celiac Disease	[ ] Other Allergies or restrictions:
[ ] Peanut Allergy	[ ] Soy Allergy	[ ] No Pork	describe below:
[ ] Tree Nut Allergy	[ ] Milk Allergy	[ ] Vegetarian	
[ ] Egg Allergy	[ ] Dairy Intolerance	[ ] Vegan	
[ ] Fish Allergy	[ ] Gluten Intolerance		

FOURSQUARE EVENTS - PARENTAL CONSENT AND RELEASE FORM

IMMUNIZATIONS

[ ]Check and date any immunizations the applicant has received, or

[ ] Applicant has not been immunized for:
[ ] medical [ ] personal [ ] or religious reasons

[ ] DTaP (Diptheria, Tetanus, & Pertussis) Date:_____

[ ] TD (Tetanus & Diptheria) Date:_____

[ ] MMR (Measles, Mumps, Rubella) Date:_____

[ ] Polio (OPV or IPV) Date:_____

[ ] Hepatitis B Date:_____

[ ] Varicella (Chicken Pox Date:_____

[ ] HIB (Haemophilius Influenza B) Date:_____

[ ] Other Date:_____

HEALTH HISTORY

[ ] Check if applicant has:

[ ] Asthma

[ ] Bleeding/Clotting Disorder

[ ] Convulsions in last 60 days

[ ] Diabetes

[ ] Epilepsy

[ ] Frequent Ear Infections

[ ] Heart Defect/Disease

[ ] Hypertension

[ ] Sickle Cell

[ ] Check if applicant had:
(include date)

[ ] Chicken Pox _____

[ ] Measles _____

[ ] German Measles_____

[ ] Mumps _____

[ ] Hepatitis A _____

[ ] Hepatitis B _____

[ ] Hepatitis C _____

[ ] Mononucleosis

PROTECTIVE CUSTODY ARRANGEMENTS

Is there a court order in place that lists certain persons who are not authorized to pick up your child? [ ] Yes [ ] No

If yes, the following people are allowed to pick up my child:_____

If yes, the following people are NOT allowed to pick up my child:_____

SIGN > **Signature of parent/guardian:** _____ **Date:**_____

AUTHORIZATION FOR TREATMENT

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations*; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by The Foursquare Church to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize camper to carry emergency medications and use as directed.

SIGN > **Signature of parent/guardian:** _____ **Date:**_____

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

SIGN > **Signature of parent/guardian:** _____ **Date:**_____

ACKNOWLEDGEMENT OF INHERENT RISK

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY EVENT ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A FOURSQUARE CHURCH EVENT IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THIS EVENT OR DURING FOURSQUARE CHURCH SPONSORED TRAVEL TO AND FROM THIS EVENT. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE EVENT VENUE WITH PROPER STAFF SUPERVISION.

WAIVER AND RELEASE IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD THE FOURSQUARE CHURCH HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST THE FOURSQUARE CHURCH, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

PHOTO RELEASE I HEREBY GRANT PERMISSION TO THE FOURSQUARE CHURCH THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF THE FOURSQUARE CHURCH.

SIGN > **Signature of parent/guardian:** _____ **Date:**_____