



# FUSION

## Student Ministries

Date pd \_\_\_\_\_

Amt pd \_\_\_\_\_

Type of payment:

CK  CA  OL

### Permission to Participate and Medical Release

- **Event:** Cold Fusion 2012
- **Dates:** Friday, January 13<sup>th</sup> through Sunday, January 15<sup>th</sup>
- **Where:** Twin Rocks Retreat Center, Rockaway Beach, OR
- **Cost:** \$155 on or before Dec 25<sup>th</sup> (\$170 if paid in full by Jan 9<sup>th</sup>)
  - Price cuts for multiple siblings (\$15 discount for 2<sup>nd</sup> sibling, \$25 for 3<sup>rd</sup> sibling)
- **Deadline:** Medical release form must be received by the day of the event.
- **Meals while traveling:** Bring a sack dinner or money to purchase dinner on the 13<sup>th</sup>. The price of the meal on the way home (January 15<sup>th</sup>) is included in the registration fee.
- **Other Information:** We will leave at 1 PM on the 13<sup>th</sup> and arrive back home Sunday afternoon the 15<sup>th</sup>. Cold Fusion concludes at approx 6 PM on Sunday.

### **Current Personal Information:** (please print all information)

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_ Ride in Late (Sports) Van Friday

Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Current Medical Information:**

Special Dietary Needs: \_\_\_\_\_

Students Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

(If medical coupon, please attach a current copy.)

Allergies: \_\_\_\_\_

If your student is currently taking medication please answer questions 1 and 2. If more than two medications are being taken, please write on back of page. **Prescription Drugs MUST be turned in at the Check-in Table.**

Medication #1

a. Medication Name and Strength: \_\_\_\_\_

b. Dosage, Time, and Route: \_\_\_\_\_

c. Can medication be given as needed? If so, at what intervals? \_\_\_\_\_

Medication #2

d. Medication Name and Strength: \_\_\_\_\_

e. Dosage, Time, and Route: \_\_\_\_\_

f. Can medication be given as needed? If so, at what intervals? \_\_\_\_\_

g. Permission to administer pain and fever relief medication (i.e. Tylenol/Advil)

Yes / No if Yes:

• Preferred Medication: \_\_\_\_\_

• Dosage: \_\_\_\_\_

Other helpful information in case of emergency: \_\_\_\_\_

### **Permission to Participate**

I give my permission for my son/daughter, \_\_\_\_\_, to attend the above stated event. I have read the event information and understand that any violation of the stated boundaries for the event may result in my son/daughters removal from this event at my cost and inconvenience.

### **Emergency Medical Care and Treatment**

If it should become necessary for my student to receive medical treatment for any reason, I understand that the medical insurance policy of Bethel Church acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and than to the insurance provider of Bethel Church.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in this activity that is over and above that which is covered by insurance.

**In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my students health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.**

Moreover, I understand that emergency measures may be necessary to safeguard my students health, and I do hereby authorize and request personnel from Bethel Church to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my student can be safely transported to a doctor or hospital.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Note:** This form is for the purpose of permission to participate and medical release. The information given on this form will remain strictly confidential. This form is only valid for the stated event/activity and date. This form will not be accepted if changed in any way or without the parent or guardian signature. Students will not be allowed to participate in an activity without this form.

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