

## REGISTRATION AND MEDICAL RELEASE FORM, SEPTEMBER 1, 2005 – AUGUST 31, 2006

Name (Last) (MI) (First)			Home Phone		Emergency Contact Phone	
Home Street Address			City Zip		Birth Date	Gender M or F
Social Security #	Email		Shirt Size S M L XL			
First Contact		Employer		Work Phone		Cell Phone
Second Contact		Employer		Work Phone		Cell Phone

Insurance Company – Primary			Subscriber's Name			
Policy #		Group #	Subscriber's Social Security #		Subscriber's Birth Date	
Insurance Company – Secondary			Subscriber's Name			
Policy #		Group #	Subscriber's Social Security #		Subscriber's Birth Date	
Current Prescription(s)		Allergies		Medical Conditions/Notations		

**I do hereby give the above named child permission to take part in AVENUE STREET TEAM being sponsored by Ginghamburg Church Student Ministry.**

**I do hereby agree to Ginghamburg Student Ministry policy on discipline for off site trips, which can include my student being sent home or picked up from the trip location at the parent or guardian's expense. Any expenses incurred by Ginghamburg church in relation to sending named child will be reimbursed by the parent or guardian.**

I grant permission for Ginghamburg Church's Student Ministry to use photographs, still images, and video tapings taken during this event for the sole purpose of decorative camp enhancements, presentations publications, and website use. This permission is applicable for current, as well as, future project use.

Ginghamburg Church and affiliations that are associated with Ginghamburg Church under stand a respect you and your child's privacy. There may arise a situation where your child requires medical treatment or medical treatment at a medical facility. To be compliant with the Privacy Law, (HIPAA), enacted by the Federal Government in 2003, Ginghamburg Church and affiliations associated with Ginghamburg Church will not disclose any medical information about your child to any individual or individuals that are not in direct care or temporary guardianship of your child without your authorization. Your child's medical information including any medical documentation that may be completed by a staff member accompanying your child will be kept in a secure place. You have the right to revoke this authorization at any time.

In the event that he/she is injured while participating, I do hereby authorize and consent to any x-ray exam, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any licensed medical or dental staff member on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is further understood that efforts shall be made to contact me, the undersigned, and prior to rendering treatment to the above named child, but that any of the above mentioned treatments shall not be withheld if I cannot be reached.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to review my child's medical release record filed for this event or activity. The review of a medical record will be needed in the event of a medical emergency or to monitor medications or prescriptions being taken by the child.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to accompany my child to a medical facility in the event of a medical emergency requiring physician intervention.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to obtain and release medical information to qualified medical personnel when it is deemed pertinent to my child's illness or injury.

NAME (Please Print) \_\_\_\_\_

NAME (Signature) \_\_\_\_\_

(Date) \_\_\_\_\_