

Encuentro 2018: Emergency Contact and Medical Information for

Participant's Name	Date of Birth	Age	M	F
			Sex	
Participant's E-mail (majority of communication)		Parent's/Guardians E-mail (majority of communication)		
Parent's/Guardian's Name		Parent's/Guardian's Name		
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Is the participant taking any medication? YES NO Specify:

Is the participant allergic to any medication? YES NO Specify:

Physician's Name	Physician's Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

PHOTO RELEASE: I give my permission for the participant stated above to be photographed and/or video-taped during this mission trip. I give permission for North Central Ohio District and the Church of the Nazarene to use on their website and possible future publicity.

Parent's/Guardian's Signature _____ Date _____

PLEASE PROVIDE A PHOTO COPY OF YOUR INSURANCE CARD