

Medical Release Form - Soul Quest 2019

(Print and mail this form along with the registration form.)

All information will be kept confidential and will be used by the SQ nursing staff only.

Congregation _____ Sponsor's Name _____

Camper's Full Name _____ Date of Birth ____/____/____

Address _____ City _____ St _____ Zip _____

Phone # _____ Social Security # _____ Driver's License # _____

Father's Name _____ Phone # _____ Employer _____ Phone # _____

Mother's Name _____ Phone # _____ Employer _____ Phone # _____

Camper's Health Insurance Company _____ Policy # _____

Policy Holder _____ Policy Holder's Social Security # _____

Group # _____ Type of Coverage: Single Family Other

Is pre-certification required from insurance company before treatment? yes no if yes, then give Phone # (____) ____ - _____

List any allergies (including medications)

List any medications presently taking

To whom it may concern:

From June 9-15, 2019, the undersigned does hereby give permission for an authorized representative of the Soul Quest camp sponsored by York College in York, Nebraska to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the child listed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital as needed for injuries or illness occurring during and/or immediately following camp activities.

The undersigned shall be liable and agrees) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned camper pursuant to this authorization. Should it be necessary for our camper to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for camper to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities during Soul Quest. It is church policy that all campers will ride only with an authorized adult representative to any Soul Quest activity.

The undersigned do hereby release, forever discharge and agree to hold harmless Soul Quest, York College and authorized representatives thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the camper that occur while said camper is participating in any activity sponsored by Soul Quest. Furthermore, we hereby assume all risk of personal injury sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold themselves and indemnify said institution, its employees and agents, for any liability sustained by said event as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Parent or Guardian Signature _____ Date ____/____/____

Please attach a photocopy of your medical insurance card to this form. (front & back)