



# Open Bible Church of Rapid City Ministries Participation Form

(Form valid August 1, 2021 to July 31, 2022)

## Participant Information

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father/Legal Guardian's Name \*\*: \_\_\_\_\_ Father/Legal Guardian's Phone Number: \_\_\_\_\_  
 Mother/Legal Guardian's Name \*\*: \_\_\_\_\_ Mother/Legal Guardian's Phone Number: \_\_\_\_\_  
 Emergency name/phone number (other than parent): \_\_\_\_\_  
 \*\*If Parent/Legal Guardian address is different than listed above, please provide address:  
 \_\_\_\_\_

## Medical Information

### Insurance

**Medical Insurance**     Yes     No  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Dental Insurance**     Yes     No  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Vision Insurance**     Yes     No  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Medications

This person **takes NO medications** on a routine basis    OR     This person **takes medications** as follows:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_  
 Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_  
 Reason for taking: \_\_\_\_\_

Attach additional pages for more medications.

Would you allow adult chaperones to administer Aspirin, Tylenol, Ibuprofen, Aleve, or any other over the counter drug to aid in your child's relief \_\_\_ Yes \_\_\_ No? If No, why? Please explain any specifications.

Please list any allergies, and/or special medical problems your child may have: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Immunizations

Please CHECK all Immunizations that ARE up to date:

MMR      Diphtheria      Tetanus      Polio      Pertussis-Whooping Cough

Please CHECK any of the following which the participant has had:

Measles      Chicken Pox      German Measles      Mumps      Hepatitis A      Hepatitis B      Hepatitis C

## Health History (If yes, please explain)

Has/does the participant:

Yes/No

- Had any recent injury, illness or infectious disease? \_\_\_\_\_
- Have a chronic or recurring illness/condition? \_\_\_\_\_
- Ever been hospitalized? \_\_\_\_\_
- Ever had surgery? \_\_\_\_\_
- Have frequent headaches? \_\_\_\_\_
- Ever had a head injury? \_\_\_\_\_
- Ever been knocked unconscious? \_\_\_\_\_
- Wear glasses, contacts, or protective eye wear? \_\_\_\_\_
- Ever had frequent ear infections? \_\_\_\_\_
- Ever been dizzy or passed out during/after exercise? \_\_\_\_\_
- Ever had seizures? \_\_\_\_\_
- Ever had chest pain during/after exercise? \_\_\_\_\_
- Ever had high blood pressure? \_\_\_\_\_
- Ever been diagnosed with a heart murmur? \_\_\_\_\_
- Ever had back problems? \_\_\_\_\_
- Ever had problems with joints (knees, ankles, etc.)? \_\_\_\_\_
- Use an orthodontic appliance daily? \_\_\_\_\_
- Have diabetes? \_\_\_\_\_
- Have asthma? \_\_\_\_\_
- Had mononucleosis in the past 12 months? \_\_\_\_\_
- Had problems with sleepwalking? \_\_\_\_\_
- If female, have an abnormal menstrual history? \_\_\_\_\_

Attach additional pages as needed.

## Conditions

1. I, the undersigned, do hereby give my permission for said participant to travel to and from and participate in all Open Bible Church of Rapid City (this includes Creekside Christian School and Dream Kids Daycare) and sponsored events, activities, sports, Christian service, and field trips that are offered for the said participant.
2. With this authorization, permission is granted for participation and hereby, for the participants, myself, the heirs, executors, and administrators, waive and release any and all rights and claims for damages we may have against Open Bible Church of Rapid City, it's representatives, successors, and assigns for all injuries suffered by the participant during these activities.
3. In case of emergency we (I) authorize an adult, in whose care said participant has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to said participant under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or 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.
4. 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 said participant pursuant to this authorization.
5. Should it be necessary for said participant to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
6. The undersigned does also hereby give permission for said participant to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Open Bible Church of Rapid City (including Creekside Christian School and Dream Kids Daycare).
7. I understand that any additional fees related to the activity must be paid prior to the event in order for said participant to participate.
8. I also understand that I will be held responsible for any damage to or loss of property caused by said participant, including equipment owned and issued by Open Bible Church of Rapid City (including Creekside Christian School and Dream Kids Daycare).
9. I acknowledge that all medical information, including updated insurance and emergency contact information, on file is current and valid. I will update Open Bible Church of Rapid City (including Creekside Christian School and Dream Kids Daycare) in the event of any changes.

## Photo Release

\_\_\_\_\_ I DO NOT give permission for said participant's photo to be included in any ministry related publication.

\_\_\_\_\_ I DO give permission for said participant's photo to be included in any ministry related publication. (This may include composite pictures, websites, videos of productions and activities, Facebook, blogs, etc.)

## Authorization

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please email completed form to [gayle@openbiblerc.org](mailto:gayle@openbiblerc.org) or print and return to the church main office.