

# REGISTRATION/PERMISSION/RELEASE & EMERGENCY/MEDICAL INFORMATION FORM

Name of Participant \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian's Phone: \_\_\_\_\_ Emergency Contact's Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
List participant's Allergies information: \_\_\_\_\_ Severity: \_\_\_\_\_  
Participant's Pertinent Medical Information: \_\_\_\_\_

Medications needed at the event: **IF MEDS ARE NEEDED PLEASE FILL OUT MEDICAL FORM-THAT ALSO INCLUDES OVER THE COUNTER MEDICATIONS ON BACKSIDE OF THIS FORM**

Last Tetanus Immunization: \_\_\_\_\_

I give permission for my child to receive Over-the-counter medications: Y or N (circle) **PLEASE INDICATE ON THE MEDICAL FORM AS WELL.**

## **THIS RELEASE IS FOR Newday 2021.**

**Churches involved who will be sending ministers, staff members, volunteers, and leaders are *Prairie Avenue Community Church of Hayden, Idaho; New Community of Tacoma, WA; Cedar Springs Community Church of Graham, WA; Christ Church of Corvallis, OR; and River Center of Lebanon, OR.***

For more information, please contact your local Church leaders. \_\_\_\_\_

### **Parental/Guardian Consent for above initialed event(s)**

To Whom It May Concern:

I, \_\_\_\_\_ parent/guardian of the above-named participant, do hereby request that the above-named minor be permitted to be involved in all activities regarding **Newday 2021**. I agree and consent to having the ministers, staff members, volunteers, and leaders, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my youth during the entire length of the program. I further assume all responsibility for their decisions so made, and emergency care or treatment so secured by my youth in the event I cannot be reached.

### **Authorization to Treat Minor**

I, \_\_\_\_\_ the undersigned Parent/Guardian of the above named minor, do hereby authorize adult workers, listed about, with **Newday 2021**, as agent(s) for the undersigned, to consent to any examination-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under 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 in the event I cannot be reached.

### **Waiver of Liability**

I, the undersigned Parent/Guardian of the above named minor, do hereby fully and knowledgeably release all churches involved with **Newday 2021**, a family of churches in the states of Idaho, Washington, and Oregon, from transportation, lost/stolen items, and any adult leaders, whether volunteer or professional, from all liability for any accident, injury(s), or death(s) caused to the above named minor person that may grow out of any athletic, recreational, social, or any activity sponsored by or participated in by said religious corporation, and that this Waiver of Liability shall bind heirs, executors, administrators, assigns, and/or other person(s) having control over the affairs of said Minor person. In case of injury to the above-named minor, I understand that I am responsible for the cost of any care that is outside of the coverage of Newday 2021 insurance if such a policy exists.

### **Media Release**

Pictures and videos are taken at Newday. We will sometimes use those in social media posts, or in videos for church use, and event purposes: I grant permission for my child, \_\_\_\_\_, to be represented in media publications.

By signing you acknowledge that you have read and consent to the terms set forth in the above paragraphs, relating to the youth listed above:

Signature of Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

# Student or leader

## MEDICAL INFORMATION AND MEDICATION RELEASE FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthday \_\_\_\_\_ Address \_\_\_\_\_

Medication Name	Dose	Reason	BRK	LUN	DIN	BED

*PLEASE LIST ANY ADDITIONAL MEDICATIONS OR INSTRUCTIONS ON THE BACK OF THIS SHEET*

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

\_\_\_\_\_

Current Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Emergency Contact #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_

May we administer over-the-counter drugs? \_\_\_\_\_ YES OR NO – CIRCLE ONE \_\_\_\_\_

If yes, please list which over-the-counter drugs \_\_\_\_\_ ,

We may NOT administer to you (if any): \_\_\_\_\_

I, \_\_\_\_\_, give Newday 2021 medical representative, or their designees, permission to procure any and all medical treatment needed for my child or self-participant in the case of any urgent or emergent medical situation if and when that need may arise.

\_\_\_\_\_ Date: \_\_\_\_\_

*SIGNATURE*

# LEADER REGISTRATION/PERMISSION/RELEASE & EMERGENCY/MEDICAL INFORMATION FORM

Name of Participant \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City Zip

Emergency Contact's Name: \_\_\_\_\_ & Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List participant's Allergies information: \_\_\_\_\_ Severity: \_\_\_\_\_

Participant's Pertinent Medical Information: \_\_\_\_\_

Medications needed at the event: **IF MEDS ARE NEEDED PLEASE FILL OUT MEDICAL FORM-THAT ALSO INCLUDES OVER THE COUNTER MEDICATIONS ON BACKSIDE OF THIS FORM**

Last Tetanus Immunization: \_\_\_\_\_

## THIS RELEASE IS FOR Newday 2021.

Churches involved who will be sending ministers, staff members, volunteers, and leaders are **Prairie Avenue Community Church of Hayden, Idaho; New Community of Tacoma, WA; Cedar Springs Community Church of Graham, WA; Christ Church of Corvallis, OR ; and River Center of Lebanon, OR.**

For more information, please contact your local Church leaders. \_\_\_\_\_

### Consent for above event(s)

To Whom It May Concern:

I, the participant (self), do hereby permit to be involved in all activities regarding **Newday 2021**. I agree and consent to having the ministers, staff members, volunteers, and leaders, under whose auspices the program is conducted, and any other worker in the program approved to secure any emergency medical care or treatment that may be necessary for myself during the entire length of the program. I further assume all responsibility for their decisions so made, and emergency care or treatment so secured by self in the event my emergency contact cannot be reached.

### Medical Authorization

I, the participant(self), do hereby authorize adult workers with **Newday 2021** as agent(s) for the undersigned, to consent to any examination-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under 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 in the event my emergency contact cannot be reached.

### Waiver of Liability

I, the participant(self), do hereby fully and knowledgeably release all churches involved with **Newday 2021**, a family of churches in the states of Idaho, Washington, and Oregon, from transportation, lost/stolen items, and any adult leaders, whether volunteer or professional, from all liability for any accident, injury(s), or death(s) caused to the above named person that may grow out of any athletic, recreational, social, or any activity sponsored by or participated in by said religious corporation, and that this Waiver of Liability shall bind heirs, executors, administrators, assigns, and/or other person(s) having control over the affairs of said person. In case of injury to the above-named, I understand that I am responsible for the cost of any care that is outside of the coverage of **Newday 2021** insurance if such a policy exists.

### Media Release

Pictures and videos are taken at Newday. We will sometimes use those in social media posts, or in videos for church use, and event purposes. I grant permission to be represented in social media publications and church publications.

By signing you acknowledge that you have read and consent to the terms set forth in the above paragraphs, relating to the self-listed above:

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

# Student or leader

## MEDICAL INFORMATION AND MEDICATION RELEASE FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthday \_\_\_\_\_ Address \_\_\_\_\_

Medication Name	Dose	Reason	BRK	LUN	DIN	BED

*PLEASE LIST ANY ADDITIONAL MEDICATIONS OR INSTRUCTIONS ON THE BACK OF THIS SHEET*

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

Current Medical Conditions \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_

May we administer over-the-counter drugs? \_\_\_\_\_ YES OR NO – CIRCLE ONE \_\_\_\_\_

If yes, please list which over-the-counter drugs \_\_\_\_\_ ,

We may NOT administer to you (if any): \_\_\_\_\_

I, \_\_\_\_\_, give Newday 2021 medical representative, or their designees, permission to procure any and all medical treatment needed for my child or self-participant in the case of any urgent or emergent medical situation if and when that need may arise.

\_\_\_\_\_  
Date: \_\_\_\_\_

*SIGNATURE*