

**Stand & Shout Ministries - Medical Release Form**



**\*Bring notarized original of this sheet to registration**

**\*Attach a photocopy of insurance form or card**

Participant Name \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
Name of Church \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_ Phone numbers- Home : (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

**Medical profile**

Generally, participant's health is: (Check one) \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

If fair or poor, please explain participant's condition \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems and explain: Asthma \_\_\_ Sinuous \_\_\_ Bronchitis \_\_\_

Kidney trouble \_\_\_ Heart trouble \_\_\_ Diabetes \_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Hay fever \_\_\_

List any medicines to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Childhood diseases: Chickenpox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping cough \_\_\_ Other \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber name: \_\_\_\_\_ Subscriber # \_\_\_\_\_ Place of Employment \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Permission for Medical Treatment, Photograph/Video Notice, and release and Indemnity**

My permission is granted for the camp or event director, church official, and camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge *Stand and Shout Ministries*, camp or event sponsor, or state conventions and their employees from any and all claims, demands, actions or causes of action past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify *Stand and Shout Ministries* for any and all claims, demands, damages, injuries, costs, suits, or property leased or owned by *Stand and Shout Ministries*.

**Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)**

Participant's signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary acknowledgement**

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposed therein contained.

Witness my hand the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_