



MEDICAL INFORMATION/QUESTIONNAIRE/CONSENT

If student (participant) is living at home, this form must be completed by a parent/legal guardian, **regardless of age.**

BASIC INFORMATION

Student Name: _____	Birth Date: _____
Mother/Guardian Name: _____	Cell Phone: _____
Father/Guardian Name: _____	Cell Phone: _____
Home Address: Street _____	
City: _____	State: _____ Zip: _____
Alternate Emergency Contact: Name: _____	
Relationship: _____	Phone: _____

HEALTH HISTORY

Date of last Tetanus shot: _____ Does student wear: Glasses Contacts

List any major illnesses this student has experienced **during the last year:**

Should this student's activities be restricted for any reason? Yes No If yes, please explain:

Allergies: No known allergies This student is allergic to: Food Medicine Environment

Allergic to: Reaction: Required Intervention:

Allergic to:	Reaction:	Required Intervention:

****Please Note: If your student has been prescribed an Epi Pen, make sure it is labeled with their name and they bring it with them to be given to the nurse.**

Diet/Nutrition: Student eats regular diet Student is lactose intolerant Student is gluten intolerant

Other, please explain: _____

Medications: Please list all prescription and over-the-counter medications taken routinely. We will administer medications to students upon request or instruction from parent/guardian. Prescription medications must be in their original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This student takes NO medications on a routine basis.

This student takes medications as follows:

Medication Dosage Specific times taken Reason for taking

Medication	Dosage	Specific times taken	Reason for taking

INSURANCE

Primary Medical Insurance Company: _____ Policy # _____

Insurance Company Address: _____

Policy Holder's Name: _____ Phone #: _____

Policy Holder's Address: _____

CONSENT

- I/We certify that my/our student has permission to attend CYIA and receive the Bible-based instruction provided.
- I/We give permission to use photos of my/our student for organizational publicity.
- I/We, the undersigned, have legal custody of the student named above, a minor, and have given our consent to him/her attend CYIA Training School.
- I/We understand that there are inherent risks involved in ministry or athletic events, and I/we hereby release Child Evangelism Fellowship, its employees or volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.
- In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by CEF, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.
- I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.
- I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the CEF staff member.
- In the event of the training school's inability to locate promptly a person designated to be notified in case of emergency, training school staff may take emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.
- I/we agree that if participant (me or my minor child) demonstrates symptoms of COVID, CEF may require attendee to submit to a COVID test.

Printed name of parent/legal guardian or participant if over 18 years of age.

Signature of parent/legal guardian or participant if over 18 years of age.

Note: On electronic forms, your typed signature has the same effect as your written signature.

Date