

Applicant Full Name: \_\_\_\_\_

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

Full Name of Parent/Guardian: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

**LIABILITY RELEASE:**

I/We hereby release YOUTH WITH A MISSION (YWAM), its agents, employees, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person during the course of involvement with Youth With A Mission.

\_\_\_\_\_

**Applicant's Signature**

*(Even if under 18 years of age)*

\_\_\_\_\_

**Guardian Signature**

*(Only if applicant is under 18 years of age)*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Relationship to Applicant*

**FIELD TRIP RELEASE:**

I hereby give my consent for the above named participant to accompany his/her group on field trips and excursions during the course of YWAM event(s)/camp(s). Transportation may include walking, private automobiles driven by camp staff or chartered buses. I agree to release, hold harmless and indemnify YWAM Northwoods, its agents, employees, and volunteer assistants from any and all liability, loss, damages, claims or actions for bodily injury and/or property damage which now have or will have in the future, arising out of, or in any way have been associated with any field trip or off campus excursion.

\_\_\_\_\_

**Applicant's Signature**

*(Even if under 18 years of age)*

\_\_\_\_\_

*Date*

\_\_\_\_\_

**Parent/Guardian Signature**

*(Only if applicant is under 18 years of age)*

\_\_\_\_\_

*Relationship to Applicant*

**MEDIA RELEASE:**

I hereby give my consent for the above named participant to be photographed as a participant during the course of

YWAM event(s)/camp(s) and for his/her photograph(s) to be included in materials used for marketing the program.

\_\_\_\_\_

**Applicant's Signature**

*(Even if under 18 years of age)*

\_\_\_\_\_

**Parent/Guardian Signature**

*(Only if applicant is under 18 years of age)*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Relationship to Applicant*

**MEDICAL TREATMENT RELEASE:**

In case of medical emergency or other necessary medical attention, I hereby give permission to the physician selected by YWAM Northwoods to hospitalize, secure proper treatment for, and to order injection, anesthesia, x-rays or surgery for my child as named above.

\_\_\_\_\_

**Applicant's Signature**

*(Even if under 18 years of age)*

\_\_\_\_\_

**Parent/Guardian Signature**

*(Only if applicant is under 18 years of age)*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Relationship to Applicant*

# Medical Health Update

This form must be completed upon arrival and will be collected at participant check in. If participant is under the age of 18 a parent or legal guardian's signature is required.

\*\*\*\*\* **PERSONAL INFORMATION** \*\*\*\*\*

PARTICIPANT NAME \_\_\_\_\_

**PEOPLE AUTHORIZED TO PICK UP MY CHILD ON CLOSING DAY**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

\*\*\*\*\* **HEALTH INFORMATION** \*\*\*\*\*

1. List any medications, pain relievers, or vitamins the participant is bringing to camp. (Ywam Northwoods, cannot administer medications to participants under the age of 18 without the written instruction AND written permission of parent, guardian, or physician.)

**Name of Medication** \_\_\_\_\_

All medications must be in their original containers.

**Dosage** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Time to be given** \_\_\_\_\_ **Reason for taking** \_\_\_\_\_

**Other important instructions**

2. Please identify if participant requires an \_\_\_\_\_ **ASTHMA INHALER** or \_\_\_\_\_ **EPINEPHRINE AUTOINJECTOR (EpiPen)** on their person at all times.

*Please note that YWAM NORTHWOODS general policy requires all medication be turned into, stored by, and administered by the camp health supervisor unless a situation is more serious and requires the medication to be with him or her at all times. In this case special permission can be granted and will require authorization.*

\*\*\*\*\* AUTHORIZATION

I certify that the preceding information is true to the best of my knowledge. In case of medical emergency or other necessary medical attention, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection anesthesia, x-rays, or surgery for my child as named above.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Additional Medications

Name of Medication \_\_\_\_\_

All medications must be in their original containers.

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Time to be given \_\_\_\_\_ Reason for taking \_\_\_\_\_

Other important instructions

Name of Medication \_\_\_\_\_

All medications must be in their original containers.

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Time to be given \_\_\_\_\_ Reason for taking \_\_\_\_\_

Other important instructions