

Guys Campout (HS)

MEDICAL RELEASE FORM April 7-8

Student's Name (Last) (MI) (First)			Home Phone		Student Birthdate		
Home Street Address			City		Zip	Student's Group Leader	
Student Cell Phone	Student's Email		Student School			Grade	Celebration Time: 10:30am, 12pm
First Contact Parent/Guardian		Parent Email		Home Phone		Cell Phone	
Second Contact Parent/Guardian		Parent Email		Home Phone		Cell Phone	

Insurance Company – Primary		List two people your student would like to be grouped with:	
		1.	2.
Policy #	Group #	Subscriber Birthdate	
Current Prescription(s)	Allergies	Medical Conditions/Notations	

I do hereby give the above named child permission to take part in Guys Campout (HS), being sponsored by Vineyard Cincinnati Student Ministry April 7-8, 2017. I grant permission for Vineyard Cincinnati Church's Student Ministry to use photographs, still images, and video tapings taken during this event for the sole purpose of decorative camp enhancements, presentations publications, and website use. This permission is applicable for current, as well as, future project use.

Vineyard Cincinnati and affiliations that are associated with Vineyard Cincinnati under stand a respect you and your child's privacy. There may arise a situation where your child requires medical treatment or medical treatment at a medical facility. To be compliant with the Privacy Law, (HIPAA), enacted by the Federal Government in 2003, Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati will not disclose any medical information about your child to any individual or individuals that are not in direct care or temporary guardianship of your child without your authorization. Your child's medical information including any medical documentation that may be completed by a staff member accompanying your child will be kept in a secure place. You have the right to revoke this authorization at any time.

In the event that he/she is injured while participating, I do hereby authorize and consent to any x-ray exam, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any licensed medical or dental staff member on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is further understood that efforts shall be made to contact me, the undersigned, prior to rendering treatment to the above named child, but that any of the above mentioned treatments shall not be withheld if I cannot be reached.

I authorize individuals assigned as temporary guardians by Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati to review my child's medical release record filed for this event or activity. The review of a medical record will be needed in the event of a medical emergency or to monitor medications or prescriptions being taken by the child.

I authorize individuals assigned as temporary guardians by Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati to accompany my child to a medical facility in the event of a medical emergency requiring physician intervention.

I authorize individuals assigned as temporary guardians by Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati to obtain and release medical information to qualified medical personnel when it is deemed pertinent to my child's illness or injury.

Parent or Guardian (Please Print) _____

Parent or Guardian (Signature) _____ Date _____