

STUDENT'S FIRST NAME _____ STUDENT'S LAST NAME _____

AGE _____ BIRTH DATE _____ GENDER _____ GRADE (2023-2024) _____

PRIMARY CONTACT (Parent/Guardian):

First Name: _____ Last Name: _____

Phone: _____ EMAIL _____

Mother's First & Last Name _____

Phone _____

Father's First & Last Name _____

Phone _____

Health Insurance Co: _____

Policy No: _____

Phone: _____

Family Physician _____ Phone: _____

In case above numbers do not answer please notify?

Name _____

Phone _____

Relationship to Student _____

**Medical Insurance Waiver valid: May 3-5, 2024
(Only for those without medical insurance)**

_____ has no medical insurance.
Student's Name

I/we, _____ (Parent or Legal Guardian)
accept full responsibility for Student's medical expenses incurred as a
result of an accident or injury that occurs during a North Coast Church
sponsored activity.

Parent or Guardian's Initials Date

Health History

Are there health issues/special needs that we need to be aware of?

____ Yes ____ No

Date of last DTP vaccine: _____

Any swimming restrictions: ____ Yes ____ No

Any activity restrictions: ____ Yes ____ No

Any restrictions not noted? ____ Yes ____ No

Any medications that must be taken? ____ Yes ____ No

Any over-the-counter medications that must NOT be given?
(Includes items such as sunscreen, Benadryl, acetaminophen. See
detailed list on Health Information Attachment). ____ Yes ____ No

**Has your student had any signs of depression or suicide in the last
year?** ____ Yes ____ No

**If any of the above questions were answered 'yes', or there
are other conditions we need to be aware of, please fill out
the Health Information Attachment on the next page.**

Liability / Medical Release

I am the parent or legal guardian of the student named above, a minor, and have given consent for him/her to attend this event being organized by North Coast Church, its agents, employees, volunteers, or representatives (collectively referred to hereinafter as the "Church"). I acknowledge that there are inherent risks involved in the **SALT RETREAT 2024** to the student and may result in **various types of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage from the event's included activities: Hiking, swimming, various group games, transportation to and from the event and more.** In consideration for the opportunity to participate in the activities, I voluntarily acknowledge and accept and assume all risk of damages and injury incurred or suffered by the Student while participating in or being transported to or from the events organized by the Church, including **Salt Retreat 2024.**

By signing this form, I, the parent/guardian release and promise to indemnify, defend, and hold harmless the Church for any injury arising directly or indirectly out of the described activities or transportation to and from the Activity, whether such injury arises out of the negligence of the Church, the Student, or otherwise. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also agree to bring my child home at my expense should he/she become ill or if a student ministries staff member deems it necessary for behavioral or other reasons.

If a dispute over this agreement or any claim for damages arises, the Student agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Student and the Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I understand that this form does not guarantee my student a spot on the aforementioned trip; rather it enters them in the registration process. I agree deposits are not refundable except in the event of emergency cancellation (i.e. death in the family, illness).

Photo Release

During this event, your student's likeness may be recorded or photographed. Your student's involvement in this event constitutes your permission for North Coast Church and its ministries to continuously use any image or recording for any future purpose, including social media, without remuneration.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Father, Mother or Guardian's Signature Date

Relationship to student: ____ Father ____ Mother ____ Guardian

Health Information Attachment

*The Health Information Attachment is required for all prescription medications, and explanation of allergies and other unspecified health issues/restrictions.

STUDENT'S NAME: _____

Event: Salt Retreat 2024

CHECK OFF: All applicable health issues:

ADHD Asperger Syndrome Allergies Asthma Autism Cerebral Palsy. Diabetes
 Down Syndrome Epilepsy/Convulsive Disorder Headache Heart Condition Physical Handicap
 Respiratory Problems Sinus Issues Other

OVER-THE-COUNTER MEDICATIONS

These over-the-counter items will be available to your camper through the camp medic, so it is not necessary to send them with your child to camp. Please indicate which, if any, you **DO NOT authorize** the camp medic to administer to your child if needed:

Acetaminophen (liquid and chewable) Benadryl (liquid) Bonine/Meclazine/Dramamine Caladryl (lotion)
 Cough syrup (Robitussin), cough drops Ibuprofen (liquid, chewable, tablets) Melatonin, up to 1 mg (liquid)
 Pepto Bismol (liquid and chewable). Rubbing alcohol drops in ear (after swimming) Sunscreen Visine

EXPLANATION OF ALLERGIES OR OTHER HEALTH ISSUES:

EXPLANATION OF UNSPECIFIED RESTRICTIONS OR HEALTH ISSUES:

MENTAL HEALTH

If your student had any signs of depression or suicide in the last year, how did you respond? Are they in counseling and/or on medication related to depression/suicide? Please provide details.

PRESCRIPTION MEDICATION LIST

Medication Name	Dosage	Frequency Daily (AM/PM?), as needed, etc.	Comments
1.			
2.			
3.			
4.			
5.			

All medications must in their original packaging with prescription label affixed. Prescription medications must be sent with your student in a sealable plastic bag with your student's name clearly labeled on it.