



Youth Medical History & Release Form

Please bring **TWO** copies of completed form for each participant.
Please bring the medical card for each participant.

Individual Information

Name: _____

Gender: _____

Current Grade: _____ Date of Birth: _____

Name of Church Organization: _____

Parent/Legal Guardian's Name(s): _____

Primary Phone: _____ Secondary Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Information

Health Insurance Company: _____

Policy Number: _____

Physician: _____ Phone: _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken?

Yes _____ No _____

If parent/guardian cannot be reached in an emergency, please contact:

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

The following medical information is required to ensure that your youth's needs are met while taking part in the SoCal Mission Inn's programs. All information will be kept confidential and will be available only to SoCal Mission Inn designated leaders, your youth's adult leader(s) and medical professionals. In the event of an emergency, we will make every effort to contact the parents/guardians, or the designated emergency contact if parent/guardian cannot be reached. **No child is allowed to participate in SoCal Mission Inn programs without a completed and signed Youth Medical History and Release Form.**

Date of last tetanus shot: _____

Allergies (food, medications, insect bites, etc.): _____

Please list any physical or behavioral conditions that the program staff should be aware of: _____

Youth Medical History & Release Form (Cont'd)

Please bring **TWO** copies of completed form for each participant.
Please bring the medical card for each participant.

Medical Information, Continued

Current Medications (please list and include instructions for administering): _____

May the program staff or adult leaders administer the following if needed:

- _____ aspirin
- _____ acetaminophen
- _____ ibuprofen
- _____ eye ointments
- _____ antihistamine or decongestant
- _____ motion sickness medication
- _____ laxative or anti-diarrhea medication
- _____ antibacterial or antibiotic ointment

Specific directions: _____

Medical Release and Permission

I give my child [print name], _____, permission to attend So Cal Mission Inn and to participate in its programs. I understand that the program may involve physical work and recreational activities, and I understand that precautions will be taken to safeguard the health and safety of participants. In the event of an emergency, I authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of an emergency affecting my child.

I agree to indemnify and hold harmless So Cal Mission Inn and First Christian Church Orange, its officers, agents, volunteers and employees from any and all claims, damages, expenses, or injuries arising out of or incident to my or my child's participation in this project, unless such loss or injury results directly from the neglect or willful act of an officer, agent, volunteer, or employee of SoCal Mission Inn or First Christian Church of Orange acting within the scope of his/her employment.

Both parents' or guardians' signatures are required when applicable.

Signature: _____

Other Parent/Guardian Signature: _____

Date: _____

Youth Medical History & Release Form (Cont'd)

Media Release and Permission

SoCal Mission Inn staff, volunteers, and officers have my permission to use photographs or videos in which my child appears for SoCal Mission Inn publicity purposes. **Both parents' or guardians' signatures are required when applicable.**

Parent/Guardians Signature: _____

Other Parent/Guardian Signature: _____

Date: _____

SoCal Mission Inn
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