

Los Angeles District NYI
Medical Information & Authorization Form
(Please fill out both sides completely)

Name of Student _____ Male Female
Address _____ Age _____ Grade _____
City _____ State _____ Zip _____ E-mail _____
Home Ph# _____ Parent Wk# _____ Pager/Cell# _____
Church _____

MEDICAL INFORMATION

Health History _____ Date of last Tetanus shot (DPT):
Month/Year _____ / _____

<input type="checkbox"/> Asthma	<input type="checkbox"/> Other Allergies	<input type="checkbox"/> Bleeding/Clotting Disorder
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Emotional Handicap
<input type="checkbox"/> Drug Allergy	<input type="checkbox"/> Measles	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Insect Sting Allergy	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	

If you have checked any of the above, please give details: _____

Medications currently taken: _____
(Pharmacy labeled containers preferred or must send written instructions by parent or guardian.)

Activity Restrictions: _____

IMPORTANT: Please check if your child has been exposed to a communicable disease or has been ill in the last three weeks.

If you checked the above, give details: _____

Insurance Company: _____ Policy # _____

Claims Office Address _____ Phone# _____

Employer Name & Address _____

Second Parent Address: _____

Pediatrician/Doctor Name, Address & Phone: _____

**Los Angeles District NYI
Consent to Treatment of Minor & Release**

Herein "Parent" _____ Herein "Minor" _____

Herein "Organization": Los Angeles District NYI

Herein Agent: Los Angeles District NYI, Event directors and all staff approved by LANYI leadership

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor. The Parent does hereby authorize the Agent as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought. The Parent hereby authorizes any hospital, which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is provided. The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent and the Organization, under this authorization. Furthermore, Parent voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization's fraud or willful injury to the person or property of Minor. These authorizations shall remain effective until April 15, 2012, unless sooner revoked in writing delivered to said Agent. No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement. The Parent hereby authorizes said Agent to use photos of minor on forms, brochures, and Internet for promotional purposes of future events.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Parent's Name _____

Parent's Signature _____ Dated _____

Family Code of California, Section 6910 The Parent or Caregiver of a minor who is a relative of the minor and who may authorize medical care or dental care under Section 6550 may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.
Family Code of California, Section 6901 "Dental Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.
Family Code of California, Section 6902 "Medical Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act.
Health & Safety Code, Section 1283(a) No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent, the person having legal custody of the child, or the caregiver of the child who is a relative of the child and who may authorize medical care and dental care under Section 6550 of the Family Code.

Los Angeles District NYI

An insurance policy maintained by the Los Angeles District NYI is designed to cover students from the time they depart until the time they return home from a church event. However, this insurance applies only if the individual student's health insurance, which is primary coverage, does not apply or is exhausted, and applies to accidents only. Students shall be responsible for the purchase of any pharmaceutical supplies or medicine.

I hereby approve this church activity application/registration and waive all claims against Coast Los Angeles District NYI, its officers and representatives, incident to this activity. I understand that students are restricted from possessing fireworks, weapons, tobacco, alcohol, and other chemically abusive substances and hereby give permission to event executive staff (no less than 2) to search my child's belongings for such substances if given reasonable cause. I further understand that in the event of any emergency, medical or disciplinary reasons, the parent/guardian may be required to transport his/her child at any time during the activity.

I HAVE CAREFULLY READ THE ABOVE WAIVER STATEMENT AND SIGN IT OF MY OWN FREE WILL.

Signature of Parent/Guardian _____ Date _____

Please Print Name _____
(Students covered by Medicare/Medical must provide stamps.)