



### Medical Information and Parental Permission for Treatment

Church Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_  Address Same as Participants (if different please indicate below)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_  Address Same as Participants (if different please indicate below)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Emergency Contact** (Relative, Neighbor, Friend) in case parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Allergies or Medical Conditions:** (Please note: The Jeremiah Project is not responsible for dispensing medicine to any youth. That responsibility rests solely with the leaders of the participating church.)

- asthma
- insect stings
- reaction to medications (describe below)
- current medications (reason, name, dosage - describe details below)
- convulsions
- allergies (describe below)
- other (describe below)
- diabetes
- fainting spells

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_\_\_, has my permission to attend The Jeremiah Project outreach ministry camp including all trips to project locations associated with this ministry. In the case of a medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the emergency contact person listed above, can be located, I hereby give permission for the Jeremiah Project Camp Director, or my church group leader to select a physician, to hospitalize, to secure proper treatment for, and to order injection, anesthesia or surgery for my child listed above. This information will be required in the event that the participant listed above is taken for medical treatment. Jeremiah Project insurance serves as a secondary coverage. I release the following from any liability in the event of an accident or injury en route to, during and/or returning from Jeremiah Project activities, **BOTH WORK AND RECREATIONAL RELATED:** The Jeremiah Project, Inc. and all staff persons connected within, all adult leaders, chaperones, churches.

**FAMILY INSURANCE INFORMATION**

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Other insurance information \_\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Photo Release Form 2011

During Fan the Flame, the Jeremiah Project will be taking photos of most participants. These photos could be used in future Jeremiah Project publications such as newsletters and brochures, multimedia presentations, to place on the Jeremiah Project web site, or to store on compact discs for the purposes of archiving or making available to churches that wish to purchase a collection of photos from the event.

By signing below, you are giving the Jeremiah Project permission to take photos of your child for the purposes stated above and that you do not expect, nor require, any financial remuneration for the reproduction or sale of such photos now or in the future.

Name of Youth Participant (Please Print) \_\_\_\_\_

Participating Youth's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Name of Parent (s) or Legal Guartdian (s) Participant (Please Print) \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Name of Parent (s) or Legal Guartdian (s) Participant (Please Print) \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Or...**

Name of Adult Participant (Please Print) \_\_\_\_\_

Participating Adult's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Name of Church \_\_\_\_\_



## Covenant of Participation Form 2011

*I am committed to making **Fan The Flame** a meaningful experience for all participants. I understand that certain rules and guidelines must be followed and appropriate behavior and full participation is expected at all times.*

The following *are not consistent with the mission of The Jeremiah Project* and **WILL NOT BE PERMITTED** by youth or adult participants:

- Leaving the Jeremiah Project at any time during the event, unless there is a family emergency
- Use or possession of illegal drugs or alcohol
- Swimming without the supervision of a designated adult from your church
- Defacing camp property
- Leaving rooms after lights out
- Visiting rooms of the opposite sex
- Fireworks of any kind
- Smoking

By contrast, the following **IS what Fan The Flame is ALL ABOUT:**

- Growing in Faith!
- Having fun!
- Being a part of all events!
- Being on time for all events!
- Worshiping God!

I understand this covenant and will abide by it from the moment my group leaves the church until we return.

Participating Youth's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Participating Adult's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_