

# NABYCULTURE 2016 - 2017 MED. FORM/PERMISSION SLIP

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female **Grade as of Aug 2016** \_\_\_\_\_ Student Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Student Cell \_\_\_\_\_

Parent (Legal Guardian) \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## **Health History and Information (Be Very Specific)**

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are other immunizations current? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Asthma (Does the student need to keep the inhaler to use as needed?) \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Allergies - list: \_\_\_\_\_

\_\_\_\_\_ Insect sting/bites \_\_\_\_\_ Diabetes \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Medications - List : \_\_\_\_\_

\_\_\_\_\_ Restricted Diet - Explain : \_\_\_\_\_

\_\_\_\_\_ Have you ever suffered from seizures, heat stroke, dehydrated to the point of medical attention, panic attacks? Please explain.

## **Permission for Treatment, Photo/Video Notice & Release**

I am aware that \_\_\_\_\_'s participation in all NABYculture related activities/Mission Trips **through July 31, 2017** could involve the risk of injury to my child. To participate in all NABYculture related activities, I (the undersigned) hereby agree to let my child participate and to hold North Asheville Baptist harmless from any and all liability actions, courses of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my child participating in any activities. Because of the risks involved, I will encourage my child to follow the instruction of the supervising adults. My permission is granted for supervising adults to obtain medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by the church chaperone. I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/ or the church website. I am signing this of my own free will.

Youth Signature : \_\_\_\_\_ Parent/Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_