

I.C.S.L. YOUTH SEMINAR – Consent & Medical Release

Teen Adult

| | | | |
|------------------------------|--|-------------------------------------|---|
| Church: | | City: | State/Province: |
| Seminar Year: 2010 | Summer | Winter | |
| | <input type="checkbox"/> Southern California | <input type="checkbox"/> So. Calif. | <input type="checkbox"/> No. Calif. <input type="checkbox"/> So. East. <input type="checkbox"/> No. East. <input type="checkbox"/> Canada |

Participant Information

| | | |
|-------|------|---|
| Name: | Age: | <input type="checkbox"/> M <input type="checkbox"/> F |
|-------|------|---|

Parent/Legal Guardian Information

| | | |
|---------------|---------------|-----------------------------|
| Name: | Relationship: | Home/Work Phone: |
| Home Address: | City: | State/Province: Cell Phone: |

Second Emergency Contact Information

| | | |
|---------------|---------------|-----------------------------|
| Name: | Relationship: | Home/Work Phone: |
| Home Address: | City: | State/Province: Cell Phone: |

Personal Health Information (use reverse side of form if necessary)

| | |
|---|---|
| My Son/Daughter is in good health and able to participate in all normal activities of the group. (If No Please explain on reverse side) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| My Son/Daughter is water safe/able to swim. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list any special medical requirements (i.e. prescription drugs, OTC medications, special diets, etc.): | |
| Please list any/all allergies to medications/foods: | |
| Please list any/all other specific restrictions/conditions that require special attention/awareness: | |
| Personal Physician Name & Phone Number: | |

Immunization History

| Vaccines | Date of Last Immunization |
|-----------------------------|---------------------------|
| DTP/DT/Tetanus | |
| Measles/Mumps/Rubella (MMR) | |
| Tuberculin Test Given | |
| Flu | |
| Chickenpox | |
| Other | |

Health Insurance Information

International Centers for Spiritual Living Youth Seminars does not provide supplemental health and accident insurance while your teen is at our seminar. Should it be necessary, we shall secure medical and/or hospital care for your teen. The following information will assist our efforts in arranging help for your teen. **On the reverse side of this form** please provide one of the following: A) A copy of both sides of the teens health insurance card, B) The health insurance carrier, policy holder, relationship to insured, policy number, group number, billing address, and carrier phone numbers, or C) Attached to this form a signed copy of the "Non-Health Insurance Disclosure Agreement."

For registrants over the age of 18 only: _____ I decline to provide the requested health information.

The undersigned (parent or court appointed guardian of the Child named above) hereby consents to the performance and rendition of all emergency medical treatment and services and all other medical treatment and services as directed by, performed by, or rendered by any person licensed to practice medicine or directed by, performed by, or rendered by other qualified medical personnel during such child's attendance at and travel to and from any activities conducted or sponsored by or connected in any way with International Centers for Spiritual Living and/or applicable, the Member Church designated below. Without limiting the generality of the foregoing, the terms medical treatment and services include the administration or performance of X-ray examination, injection, blood transfusion, laboratory procedures, anesthesia, setting of broken bones, and surgical procedures. The undersigned hereby indemnify and agree to hold International Centers for Spiritual Living, and if applicable, the Member Church designated below and their agents and employees, free and harmless against any damages, costs or expenses resulting from or arising out of any claims, demands or causes of action that may arise out of or result from any such medical treatment or services. **If for any reason insurance is unavailable or my insurance carrier does not pay, I hereby assume full responsibility for financial obligation of treatment.** This Consent and Release shall remain in full force and effect until revoked in writing by the undersigned.

Parent/Guardian Signature: _____

Date: _____

NOTE: TWO (2) copies of this form are required. One is to be sent with the registration package to Janet Chenlee. The second is mandatory that the YOUTH MUST CARRY ONE COMPLETED COPY OF THIS FORM TO AND FROM SEMINAR!!!!