

End Times Like These Ministries

“Can You Hear Me Now?” Youth Conference

Consent & Medical Release Form for Under Age Youth

Date: May 27-30, 2016

Location: Camp Cedar Falls 39850 State hwy 38, Angelus Oaks, CA 92305

For More Information contact us at; canuhearmenow@endtimeslikethese.org or
(626) 695-4462 - (805)298-0583

Permission to be photographed & recorded by media, newspaper, website, etc.

Youth's name: _____ Today's Date _____

Birth date: _____ Age: _____

Address:

City: _____ State _____ Zip: _____

Phone: _____

PARENT INFORMATION:

Father Male Guardian If Guardian, relationship to youth: _____

Name: _____

Address: _____

Phone Number _____ Email Address: _____

Mother Female Guardian If Guardian, relationship to youth: _____

Name: _____

Address:

Phone Number _____ Email Address: _____

With whom does the youth live?

Youth may be taken home by:

Names of Individuals who may take child home besides Parent or Guardian

Parent or Guardian's Signature: _____

To what address should information be mailed?

CHAPERONE INFORMATION:

Name: _____

Address:

Phone Number: _____ Email Address: _____

What is your relationship to youth: _____

Name(s) of youth you will be chaperone (Max. number is 6):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

HEALTH RECORD

Date of last tetanus shot: _____ Any active reaction?

_____.

Check if child has had the following and give details below:

Heart Trouble Epilepsy Asthma Diabetes Allergies Rheumatic Fever

Details: _____

Does your child require medications & if so please list them ? _____

Does your child have any special needs? _____

Youth's Name: _____

EMERGENCY NUMBERS (If we are unable to reach a parent or legal guardian, we will call one of these numbers.)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

MEDICAL RELEASE Parent's or Guardian's Authorization for adult in charge to consent to medical or dental treatment of minor child.

The undersigned _____ (Parent or Guardian) who resides at

_____, city of _____

state of _____, and who is a parent or legal guardian of

_____,

a minor, age _____, born _____, who resides at

_____,

city of _____, state of _____ herein authorizes the adult sponsor of "Can You

Hear Me Now?" Youth Conference to consent to any x-ray, examination, anesthetic, medical or surgical supervision

and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Dated this _____ day of _____, Year _____

Signature of Parent or Guardian *Social Security No. of Parent who has signed form
Family physician's name, address, and phone

Is there any further information that might help us better care for your child?

*The request for the guardian's social security number is only for emergency purposes. The SSN will be used to verify the guardian's signature by hospitals or other emergency organizations when an emergency has occurred that involves your child.

Please email or bring this form with you to the camp site and present at registration/checkin.

Parent or Guardian: _____ ***Phone:*** _____ ***email:*** _____ @ _____

Chaperone: _____ ***Phone:*** _____ ***email:*** _____ @ _____