

# Breakaway 2010 Medical Registration Form

EMERGENCY MEDICAL INFORMATION: This form must be completed by the parents or legal guardians. No student will be permitted to attend Breakaway without a completed medical form. Counselors, you are responsible for your students' medical forms at the Senior High Retreat. Do not send a copy to the District Office. The information on this form is kept confidential and is only used in emergency situations.

Student Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: Phone: \_\_\_\_\_

Alternative Contact Person: Phone: \_\_\_\_\_

Church Name: Oak Hill Alliance Church Leader's Name: Nathan Grossoehme

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Any significant medical information we may need to know (medication, health problems, etc.):

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

Allergies: \_\_\_\_\_

Does student wear contact lenses, glasses or other prostheses? [  ] Yes [  ] No

If yes please list: \_\_\_\_\_

I hereby consent to emergency medical treatment deemed necessary in the unlikely event of an accident during my child's involvement with the Breakaway Conference. In the event that I cannot be reached in an emergency, I hereby give my permission for any treatment deemed necessary by the licensed physician selected by the youth leader from my child's church. I also release The Christian and Missionary Alliance, Family First Sports Park and the Breakaway staff from liability resulting from any accident.

\_\_\_\_\_  
Parent/Legal Guardian: (please print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian: