

# Operation Backyard Medical & Consent Form

## Medical Form:

Student's Legal Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian's Full Legal Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father Cell: \_\_\_\_\_

Next Person to Contact if Parents Are Unavailable: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medical Information

Medical Insurance Carrier: \_\_\_\_\_

Insurance Carrier's Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Policy Holder's Relation to Teenager: \_\_\_\_\_

1. Family Physician: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. List any diseases, physical or mental limitations, or medical conditions. (Asthma, Diabetes, Etc.) \_\_\_\_\_

3. Allergies (Food, Medication, Insects)? Yes No  
If yes, please list: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

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3. Allergies (Food, Medication, Insects)? Yes No  
If yes, please list: \_\_\_\_\_

4. Presently taking any prescription or non-prescription medications? Yes No

If yes, what is it and what is the daily dosage: \_\_\_\_\_

If yes, does your child need adult supervision with their medication? Yes No

5. Can your teen be given: \_\_\_ Pepto Bismol  
\_\_\_ Tylenol \_\_\_ Aspirin \_\_\_ Benadryl  
(Please initial those that are allowed to be given.)

6. Date of Last Tetanus Shot: \_\_\_/\_\_\_/\_\_\_

7. Please list any other conditions or limitations we should be aware of? \_\_\_\_\_

**Consent Form:**

Parent grants his or her permission for their teenager to attend and participate in the Operation Backyard event to be held on the Huntington University campus and the city of Huntington from July 16-18, 2010, and acknowledges that the leaders of the event will be temporary custodians of their teenager during the activities and events.

Parent, individually and on behalf of Teenager, releases all agents, officers, directors, and employees associated with Operation Backyard from all liability for any harm to Teenager or Teenager's property, resulting directly or indirectly from Teenager's participation in the event or from Teenager's travel to or from the event by bus or otherwise. Parent, individually and on behalf of Teenager, personally assumes all risks and liabilities in connection with Teenager's participation in the event.

Parent authorizes Operation Backyard staff to consent on Parent's behalf to any medical attention which it deems necessary for the Teenager, and Parent personally assumes all liability for medical bills, claims for pain and suffering, civil damages, or any other liability resulting directly or indirectly from the medical attention. Parent understands and agrees that this consent is given in advance of any specific diagnosis or treatment. Further, this consent is given to encourage the physician, dentist, or surgeon, and those persons who have temporary custody of the minor, to exercise his/their best judgment as to such diagnosis or medical, dental, or surgical treatment.

Yes, I give my permission for any pictures, videos or audio recordings of my teenager to be used for promotional purposes or displays on participating churches websites.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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