



# JEREMIAH PROJECT

## Medical Information and Parental Permission for Treatment Form

Church Name: \_\_\_\_\_

Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Sex:  Male  Female \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Father's Name \_\_\_\_\_  Address Same as Participants (if different please indicate below)

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

Daytime Phone ( ) \_\_\_\_\_—\_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_—\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_—\_\_\_\_\_

Mother's Name \_\_\_\_\_  Address Same as Participants (if different please indicate below)

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

Daytime Phone ( ) \_\_\_\_\_—\_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_—\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_—\_\_\_\_\_

### Emergency Contact (Relative, Neighbor, Friend) in case parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_—\_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_—\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_—\_\_\_\_\_

### Allergies or Medical Conditions: (Please note: JP staff are not responsible for dispensing medicine to any student. That responsibility rests solely with the leaders of the participating church.)

- asthma
- insect stings
- reaction to medications (describe below)
- current medications (reason, name, dosage - describe details below)
- convulsions
- allergies (describe below)
- other (describe below)
- diabetes
- fainting spells

My child \_\_\_\_\_, has my permission to attend the JEREMIAH PROJECT. In the case of a medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the emergency contact person listed above, can be located, I hereby give permission for the JEREMIAH PROJECT Event Director, or my church group leader to select a physician, to hospitalize, and to secure proper treatment for my child listed above. This information will be required in the event that the participant listed above is taken for medical treatment. JEREMIAH PROJECT insurance serves as a secondary coverage. I release the following from any liability in the event of an accident or injury en route to, during and/or returning from the Jeremiah Project, Inc. and all staff persons connected within, all adult leaders, chaperones, churches. **Housing Accommodations:** Students will be housed in cabins of their birth sex, and likewise will be required to participate in gender-specific camp activities and use restroom facilities throughout the camp in accordance with their birth sex. The camp does not have gender-neutral cabins or restroom facilities.

### FAMILY INSURANCE INFORMATION

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Other insurance information \_\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_