

North Naples Church
VOLUNTEER Medical Information Form/Participation Authorization
Serve Your World Camp 2019
June 17 - June 21 OR July 8 - July 12

Note: Form must be filled out by legal adult

Volunteer Name _____
Last First Middle

Date of Birth _____ Age _____ Cell Phone _____

Home Address _____ Zip Code _____

Emergency Contact Name _____

Emergency Contact Home Phone # _____ Work # _____ Cell # _____

Volunteer is physically fit and has the necessary skills to safely participation in these activities
() Yes () No

Any Known Medical Conditions (diabetes, asthma, etc.)

Volunteer has restrictions on these activities

Current or Intermittent Medicines taken (include any & all medications)

Please list all known Allergies

Physician's Name _____ Phone # _____

Physician's Office Address _____

AUTHORIZATION FOR MEDICAL TREATMENT

It is my understanding that the Church will attempt to notify parents/emergency contact in case of a medical emergency. If the church cannot reach parents/emergency contact, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred and have health insurance with the company/policy listed below. I will notify the church if I feel there are any health considerations that would prevent participation in any of the activities listed above.

Plan Name _____ Policy # _____

Date _____ Parent/Guardian/Adult Signature _____

VOLUNTEER

Under 18

I, _____ being the parent or legal guardian and having legal custody of _____, a minor participating in camp related activities of the North Naples Church, do hereby:

- Understand that my child/youth will be participating in a number of activities, which carry with them a certain degree of risk.
- Understand and give consent for my child to travel to and from events related to church activities in transportation provided by staff or volunteers.
- Release, discharge, and exonerate North Naples Church, all persons acting as counselors, staff, vehicle drivers during all on-site and off-site activities associated with participation in church activities from any and all liability whatsoever resulting from personal injury to said minor or damage to the property of said minor which may occur.
- Certify that I assume full responsibility and liability for any acts committed by said minor during activities and travel to/from and activities related thereto resulting in injury or damage to the person or property of another.
- Acknowledge that I understand that this release is being relied upon by North Naples Church and counselors, staff, vehicle drivers accompanying the children, and without this instrument being executed by me, said minor would not be permitted to participate in camp activities nor engage in activities related thereto.
- Certify that I have read and understood all sections of this form that apply to my child.
- Certify that the above-named is my child or my legal ward and resides with me.
 - In the event he/she becomes ill, is injured or for any reason requires medical treatment while attending a North Naples Church function or activity, the undersigned parent(s) and/or legal guardian(s) of the above-named child do hereby consent to any and all medical or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician(s) selected by agents or officials of the North Naples Church.
 - In the event treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize agents or officials of North Naples Church to give such consent and further agree to hold any person harmless from any claims, demands, or suits of any nature arising from the giving of such consent, so long as the treatment is administered by or under the supervision of a licensed physician. The intention of this release is to grant authority to administer and perform any and all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary by any qualified physician.
 - Payment for all charges incurred for medical treatment is guaranteed by the parent, guardian, or insurance company providing coverage for the above named youth.

The minor named in this form has my permission to participate in all activities of the North Naples Church. This release and consent shall be valid until revoked in writing by me or any other lawful guardian of the child.

Parent/Guardian Signature _____

Date _____

Drivers License # _____

STATE OF FLORIDA /COUNTY OF COLLIER

The foregoing was acknowledged before me this _____ day of _____, _____.

Notary Public