

MPYC MEDICAL RELEASE FORM

All youth and adult leaders are required to return this form 10 days prior to MPYC. Youth leaders should have a copy with them during the conference. as well The form must be signed by a parent or guardian for youth 18 and under.
Send to ABCCR 5889 SW 29th St Topeka, KS 66614

PERSONAL INFORMATION				
Full Name:		Date of Birth:	Grade entering in fall: _____	
Address:			Male _____	Female _____
Full Name of Parent or Guardian:		Parent/Guardian Home Phone:	Parent/Guardian Cell Phone:	Parent/Guardian Work Phone:
Leader's Name:		Church Name:		
EMERGENCY CONTACTS				
In case of emergency, we will contact the parent/guardian listed above. List backups below.				
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
Family Physician:		Family Physician's Phone:		
MEDICAL CONDITIONS				
1.	2.	3.		
4.	5.	6.		
INSURANCE INFORMATION				
Insurance Company:				
Policy ID #:		Insurance pre-approval required? ___ Yes ___ No		
Effective Date:		Member Services Phone #:		

ALLERGIES TO MEDICATIONS, FOOD AND ENVIRONMENT

MEDICATIONS	REACTION
FOOD	
ENVIRONMENT	

CURRENT MEDICATION REGIMEN

All medications, prescriptions and over-the-counter are the responsibility of the youth leader. We recommend that these medications be kept in a secure location. Bee sting kits and inhalers can be kept in the possession of youth. Prescription medications must be kept in original containers. All leaders need to bring a copy of this form with them.

MEDICATION	DOSAGE	FREQUENCY	CONDITION/SPECIAL NOTES

IMMUNIZATIONS	LAST ILLNESS	KNOWN CONDITIONS
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Asthma
<input type="checkbox"/> MMR	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Polio	<input type="checkbox"/> Measles	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps	<input type="checkbox"/> Headaches
<input type="checkbox"/> Date of last tetanus shot:	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Heart
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Kidney
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

MEDICAL RELEASE

By signing below I agree that this form is complete and accurate to the best of my knowledge. I have read and agree to the terms of the medical, liability, and medical release on page 3.

I agree to the image release on page 3

Yes

No

Signature _____

Date _____/_____/_____

Medical and Liability Release

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the activities and events hosted by MPYC. The individual identified on this form understands that all participants are expected to abide by the program rules and be directly responsible to their church leader.

Further, I do release and hereby agree to hold blameless MPYC leadership, American Baptist Churches of the Central Regions American Baptist Churches of Nebraska American Baptist Churches of the Rocky Mountains, and Mid-American Baptist Churches, and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities and associated with MPYC. I know that travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, automobile, on foot, etc. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss as determined by MPYC.

Further, I authorize the minister or sponsor of this activity or any MPYC staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. On behalf of yourself and your youth, you hereby release, covenant not to sue, discharge, and hold harmless MPYC leadership, American Baptist Churches of the Central Regions American Baptist Churches of Nebraska American Baptist Churches of the Rockies, and Mid-American Baptist Churches, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your child's participation in MPYC. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of these organizations, employees, agents, and representatives. Further, I do certify that said participant is covered by adequate insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Image Release

I (We), the undersigned individual(s), grant MPYC leadership, American Baptist Churches of the Central Regions American Baptist Churches of Nebraska American Baptist Churches of the Rocky Mountains, and Mid-American Baptist Churches, the perpetual, non-exclusive, royalty-free right and license to: Record my participation and appearance on digital or film photography, video, audio or any other medium. Use my name (or any fictional name), likeness, voice, and biographical material and information in connection with these recordings to be used only in or for written, electronic and web publications, including social media and apps to be used for the promotional material, multimedia and publication purposes for MPYC. Grantor represents that he or she possesses all rights necessary to grant this permission for and in connection. I am voluntarily making this grant of rights. I further agree to release and forever discharge MPYC leadership, American Baptist Churches of the Central Regions American Baptist Churches of Nebraska American Baptist Churches of the Rockies, and Mid-American Baptist Churches, its agents, employees and designated representatives from any and all claims in law or equity that I, my heirs or personal representatives have or shall have arising out of recordings. I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve and waive any rights in this release.

Note: Youth will be asked to sign a Covenant of Conduct upon arrival. You can find a copy of that on the MPYC website under the "Forms" tab.

Altitude sickness: Many youth will not be prepared for the higher altitude. Altitude sickness is very common for those who come to the mountains without properly preparing. We want MPYC to be enjoyable so please read the preparation for altitude information that can be found on the MPYC website under the "Forms" tab.