

# 2019 GenOn Youth Summit

## General Consent & Medical Information Form (YOUTH)

\_\_\_\_\_(Child/Youth's name) has my permission to participate in the GYS trip and all the planned activities during that time period including those while traveling to and from the GYS. I grant permission for employees &/or representatives of GenOn Ministries to share this medical information with our Summit Medic & my child's Room Parent(s) so that health concerns can be addressed quickly in the case of an emergency. This information will be held in confidence.

I also grant permission for employees or representatives of GenOn Ministries and all churches participating in this youth Summit to take and use photographs, videos and/or digital images of my child for use in promotional or educational materials. I agree that my child's name and identity:

\_\_\_ May be revealed

\_\_\_ May NOT BE revealed in descriptive text or commentary in connection with the image(s).

In the event of an emergency or non-emergency situation requiring medical treatment, I, \_\_\_\_\_(print parent/guardian name), hereby grant permission for any and all medical and/or dental attention to be administered to my child on the GYS trip from July \_\_\_ through July\_\_\_, 2019 in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. In case of emergency, this consent also authorizes the release of this form and all medical and accident report forms to doctors, hospitals, insurance companies, my employer, or other person or entities deemed appropriate by the leaders of this trip.

I agree to hold the church with whom my child is attending, the GenOn Ministries and their employees, volunteers and adult leaders harmless from claims, injuries or damages to my child.

Signature of Parent(s)/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Printed names of parents/Guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Participant's Birthdate: \_\_\_\_\_

Mom's Work #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_

Dad's Work #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Participants Cell Phone # (if applicable): \_\_\_\_\_

Printed name of Church Group Leader: \_\_\_\_\_

Emergency Contact Information (Person to call if parents/guardians or contact person cannot be reached)

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

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### Medical Insurance Information

Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### Physician Information

Participant's Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name of Youth: \_\_\_\_\_

Medication Information (It is VERY IMPORTANT that you list all medications and proper dosage schedule)

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

Will participant be taking this/these medications while at GenOn Summit?      Yes    No

If yes, please check one:

\_\_\_\_\_ My Youth will have these meds in his/her possession and will be responsible for taking independently  
(CERTAIN MEDS MIGHT NEED TO BE HELD BY THE CHURCH GROUP LEADER-we will notify you, if this is necessary)

\_\_\_\_\_ I will give to my Church Group Leader to retain and administer (If this is checked, YOU MUST talk your Group Leader ahead of time and NOT right BEFORE leaving for the trip)

Any Recently Stopped Medications: \_\_\_\_\_

It is OK to give my child (check all that are OK):  acetaminophen  ibuprofen  over the counter cold medicines. These will all be administered by your Church Group Leader if participant is a minor.

Surgeries within the last year: \_\_\_\_\_

Serious medical problems (diabetes, asthma, epilepsy, etc.) or under any medical treatment that may affect participation:  
\_\_\_\_\_  
\_\_\_\_\_

Special health concerns/problems: \_\_\_\_\_  
\_\_\_\_\_

Allergies: (examples: food? medications? bee/wasp stings?) \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Blood Type \_\_\_\_\_

It is imperative that you list any medical issues that your child has. We will not be prepared to deal with medical issues or emergencies unless we know this important information. It is also very important that you have double-checked to make sure that your child has packed any medication that they will be taking.

I understand this and have gone over ALL medical issues that my child has with the Church Group Leader going on the trip.

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

**\*\*\*\*\* IMPORTANT REQUIREMENT \*\*\*\*\***  
**A copy of BOTH sides of your medical insurance & prescription card(s) MUST be submitted with this Consent/Medical Form; otherwise, this authorization to treat MIGHT NOT be acknowledged by a local medical provider/hospital!**