

Student Health Form

Name: _____ Birth Date: _____
Last First MI

Home Address: _____ Apt/Unit #: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

(1) Name: _____ Relationship: _____

Home Phone: (____)____-____ Work Phone: (____)____-____ Cell Phone: (____)____-____

Street and Number City State Zip Code

(2) Name: _____ Relationship: _____

Home Phone: (____)____-____ Work Phone: (____)____-____ Cell Phone: (____)____-____

Street and Number City State Zip Code

MEDICAL CONDITIONS TO BE AWARE OF (allergies, disabilities, special diet, etc.)

- Allergies Asthma Seizure Disorder ADD or ADHD Bi-Polar Hearing Impaired Other (explain)

Are immunizations up to date? Yes ___ No ___ If no, explain _____

Last tetanus booster? Mo./Yr. _____ Preferred Peoria Area Medical Facility: _____

Family Doctor: _____ Phone: (____)____-____

Primary Insurance Company: _____ Policy #: _____

Full Name of Policy Holder (please print): _____

Date of Birth of Policy Holder: _____ *Please include a copy of health insurance card with application.*

Consent/Release Form (if staff person is a minor)

I, the undersigned parent/guardian hereby consent to my child, _____, who is _____ years of age, participating in activities connected with Child Evangelism Fellowship® of Illinois, Inc. and/or agents (Camp Good News® and/or local CEF® chapters in Illinois). I certify that my child is able to participate in Child Evangelism Fellowship of Illinois, Inc. activities including sports, hiking, ropes course, zip line, swimming, and transportation for off-camp and program activities, etc. (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them. In the event that an emergency occurs, I may be reached at the telephone number(s) listed. If I cannot be reached within a reasonable period of time, I hereby authorize the Child Evangelism Fellowship of Illinois, Inc. staff member or nurse to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them. I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Child Evangelism Fellowship of Illinois, Inc. and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury involving in death, which may arise in the future in connection with the activity to participation in any other associated activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the State of Illinois law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Signature of Parent/Guardian: _____

Start Date: _____ End Date: _____