

Student Permission/Medical Release

Please staple a photocopy of BOTH SIDES of your medical Insurance card to this form and return it to your Bible Bowl Sponsor.

PARENT PERMISSION: I hereby grant permission for my child to fully participate in all activities of Kentucky Christian University's Bible Bowl Tournament. While I understand that KCU will take reasonable steps to provide care and safety for my child, I am aware that KCU, their employees, and agents cannot assume responsibility for injury, damage, or harm that might result during the course of the program. In permitting my child to participate, I agree that such responsibility will remain with me, as parent or guardian of my child. Should any claim be asserted by any person as a result of the acts of my child while participating in KCU Summer Campus Events, or while traveling to or from any such activities, or should my child assert any claim against KCU or any employees, agents, or Trustees of the University, I agree to indemnify and hold KCU harmless from any such claim, including (but not limited to) attorney's fees and costs incurred in defense thereof.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel attending to the treatment of my child to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named on this form.

I authorize Kentucky Christian University and its employees or agents to take photographs, video recordings, and audio recordings of me and/or my child. I agree to my image, voice and/or likeness being used in all forms of print and electronic media publications and/or video productions for purposes related to the University, including research, education, publicity, marketing, and promotion of programs for the University. I agree to hereby release, hold harmless, and discharge KCU, its officers, agents, and employees from and against any and all claims, actions, or causes of action, liability, and demands whatsoever beyond the control of, and without the fault or negligence of Kentucky Christian University.

Signature of parent/guardian or adult sponsor _____ Date _____

Witness _____ Date _____

Attendees Information

Last Name _____ First Name _____ MI _____ Sex _____

Home Address _____ Graduation Year _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Parent's Work Phone (_____) _____

Emergency Phone (_____) _____ Relationship _____

County of Residence _____ Birthdate _____ Age _____

Church Name _____ City _____ State _____

Insurance Company Information

Complete Name of Insurance Company _____

Policy Holder Name _____

Group # _____ Group Name _____

Address of Insurance Company _____

City _____ State _____ Zip _____

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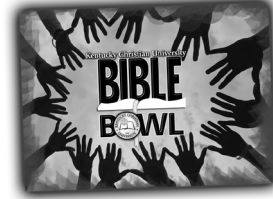
Bible Bowl Sponsor must make a copy of completed Permission form and the Individual Code of Conduct form. Keep a copy for your records and turn the original in to the KCU Bible Bowl Tournament office on day of registration.

PARENT/GUARDIAN: Please staple a photocopy of BOTH SIDES of your medical Insurance card to this form and return it to your sponsor.



BIBLE BOWL SPONSORS DON'T FORGET: Please have copies of all registration forms made before arriving. Originals are for KCU records. Copies are for your records.

Download Free Templates & Forms at Speedy Template <http://www.SpeedyTemplate.com/>



Student Permission/Medical Release

Where is the Policyholder Employed _____

Employer's Address _____

City _____ State _____ Zip _____

Employer's Phone Number (_____) _____ If self-employed, give occupation _____

Parent/Guardian Information

Father's Name _____ Father's Birthdate _____

Is father living at the residence of the student? _____ Address (if different) _____

Mother's Name _____ Mother's Birthdate _____

Is mother living at the residence of the student? _____ Address (if different) _____

Health History Form

Health History (Mark with an "X" and give approximate dates)

- | | | |
|---|---|---|
| <input type="checkbox"/> Ear, Nose, Throat disorder _____ | Diseases | Allergies |
| <input type="checkbox"/> Heart defect/disease _____ | <input type="checkbox"/> Mononucleosis _____ | <input type="checkbox"/> Ivy poisoning, etc. _____ |
| <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Chicken pox _____ | <input type="checkbox"/> Insect stings _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Penicillin _____ |
| <input type="checkbox"/> Bleeding, clotting disorders _____ | <input type="checkbox"/> German Measles _____ | <input type="checkbox"/> Other drugs _____ |
| <input type="checkbox"/> Hypertension _____ | <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Foods _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Hepatitis _____ | <input type="checkbox"/> Grass, weeds, pollen _____ |

Operations or serious injuries (dates) _____

Disability or chronic recurring illness _____

Dietary modifications _____

Current medications (send with instructions) _____

Other diseases or details of above _____

Suggestions or health related information for event personnel

When was the date of the student's last Tetanus Shot? _____

Swimming Restrictions: Yes No If yes, please explain: _____

Name of dentist/orthodontist _____ Phone (_____) _____

Name of family physician _____ Phone (_____) _____

Date of last physical examination _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed event activities except as noted.

Signature of Parent/Guardian _____ Date _____