**TLC Student Registration & Medical History/Release**

**Parents/Guardians:** This form must be filled out in its entirety, signed, and turned in BEFORE your student may remain on campus for camps or conferences. It may be filled out on your computer and then printed for signature and submission.

**All forms must be submitted to the TLC Secretary by June 17.**

Clarks Summit University will have trained medical personnel on duty with 24-hour service available. Multiple area hospitals are within ten miles of the school. If you are not available for consent, the hospital medical staff may proceed with diagnostic and medical treatment.

* Teen Leadership Conference runs from July 15–19, 2019, with student departure on July 20
* Registration runs from 3:00–6:00pm on Monday, July 15.
* Students must be picked up by 9:00am on Saturday, July 20.

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| **Student Information** | | | | |
| TLC Attendee’s Name:  Click or tap here to enter text. | | | | Gender:  male  female |
| Street Address:  Click or tap here to enter text. | | | | |
| Church/Group you are attending with:  Click or tap here to enter text. | | | | |
| Church/Group City, State, & ZIP:  Click or tap here to enter text. | | | | |
| Date of birth:  Click or tap to enter a date. | Age:  Click or tap here to enter text. | High School Graduation Year:  Click or tap here to enter text. | | 1st time attending TLC?   yes  no |
| Student Email Address:  Click or tap here to enter text. | | | | |
| **Parent/Guardian Information** | | | | |
| Parent/Guardian Name #1:  Click or tap here to enter text. | | | Parent/Guardian Phone:  Click or tap here to enter text. | |
| Parent/Guardian Name #2:  Click or tap here to enter text. | | | Parent/Guardian Phone:  Click or tap here to enter text. | |
| Parent/Guardian Email:  Click or tap here to enter text. | | | | |

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| **Insurance Information** | | |
| Is the TLC Attendee covered by insurance? | | yes  no |
| If you selected ‘No,’ please initial the below statement: | Because you have indicated that you or your child does not currently have health insurance, Clarks Summit University asks that you initial this waiver of liability before attending Teen Leadership Conference.  Participants shall indemnify and hold harmless Clarks Summit University, its officers, and employees, in either their individual or official capacities, against any and all claims for loss, injury, or damage to persons or property, including claims arising out of activities conducted by Participant or its guests on or in University buildings, properties, or facilities unless proximate cause of such loss, injury, or damage is directly sue to the negligence of Clarks Summit University, its officers, directors, agents, and/or employees.  I agree to hold Clarks Summit University harmless for all occurrences relating to this event. I understand that this event is voluntary on my part and has been initiated at my request.  I also authorize the director of this event to act for me according to his/her best judgment in any medical emergency. I understand that any insurance claims will be filed with my personal insurance. | |
| **Initial**  Click or tap here to enter text. | |
| If you selected ‘Yes,’ does this insurance require Pre-Treatment Authorization?  yes  no | | |
| **Insurance Details** | | |
| Company Name:  Click or tap here to enter text. | | Phone Number:  Click or tap here to enter text. |
| Policy Number:  Click or tap here to enter text. | | Group Number:  Click or tap here to enter text. |
| Insurance Holder’s Name:  Click or tap here to enter text. | | Insurance Holder’s Birth Date:  Click or tap to enter a date. |
| Primary Care Physician:  Click or tap here to enter text. | | Phone Number:  Click or tap here to enter text. |

**Please attach a copy of the insurance card (front and back) to this release form.**

**Medications:**

All Prescription medications are to be supplied and sent with the student. They MUST be in original containers. Please do NOT send medications in a “pill-minder” container. All medications will be held by the TLC nurse on duty. Please list all prescription medications here.

Please indicate if you want to be called if your student refuses medication.  
Please call me:  yes  no

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| Drug name: | Dosage: | Time(s) to be taken: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Allergic Reactions** | | |
| Does the student have any allergies? If yes, what happens and how is it treated? | yes  no | bee stings  food  seasonal  other  Details:  Click or tap here to enter text. |
| Will the student be carrying an epi-pen or inhaler? | yes  no | Details:  Click or tap here to enter text. |
| Does the student suffer from asthma? If yes, Is it sports-induced asthma? | yes  no  Sports-induced?  yes  no | Details: Click or tap here to enter text. |
| **Immunizations** | | |
| Are all immunizations up to date, including a tetanus within the last 10 years? | yes  no | Details: Click or tap here to enter text. |

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| **General Medical Information** | | |
| (If ‘yes’ to any, please specify in the details section) | | |
| Are there any health or behavioral conditions that CSU should be aware of? | yes  no | Details: Click or tap here to enter text. |
| Is there a history of psychological issues (including but not limited to, cutting, eating disorders, bipolar, etc.)? | yes  no | Details: Click or tap here to enter text. |
| Does the student currently have any infectious diseases or conditions? | yes  no | Details: Click or tap here to enter text. |
| Is the student restricted from participating in any school physical education activities? | yes  no | Details: Click or tap here to enter text. |
| Were any complicating medical problems noted in the student’s last health examination? | yes  no | Details: Click or tap here to enter text. |
| Is the student currently under a physician’s care for a medical problem? | yes  no | Details: Click or tap here to enter text. |
| Are there any other medical concerns for your student that CSU should be aware of? | yes  no | Details: Click or tap here to enter text. |

**Parent/Guardian Signature**

I know of no reason(s), other than the information indicated on this form, why my student should not participate in prescribed activities. I acknowledge that events at Clarks Summit University may include, but is not limited to, transportation to and from a ministry location in vehicles supplied by Clarks Summit University. I authorize the director(s) of this event to act for me according to their best judgment in any medical emergency. I also understand that I am responsible for health insurance for my student and will be responsible for all costs incurred for seeking medical attention on his/her behalf. I agree to hold CSU harmless for all occurrences relating to this event. I also understand that this event is voluntary on my part and has been initiated at my request. By agreeing to these terms, Clarks Summit University and Teen Leadership Conference reserve the right to photograph and video students participating in this event for promotional use by CSU and TLC.

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| Parent/Guardian Signature: | Date: |