**TLC Student 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.

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.

**All forms must be emailed to tlc@ClarksSummitU.edu by July 1.**

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| **Student Information** | |  | |
| TLC Attendee’s Name (last name, first name): | | | |
| Student Cell Phone: **(     )** | | | Gender:  male  female |
| Street Address: | | | |
| City/State/Zip: | | | |
| Church/Group you are attending with: | | | |
| Church/Group City, State, & ZIP: | | | |
| Date of birth: | | Age: | |
| High School Graduation Year: | | 1st time attending TLC?  Yes  No | |
| Student Email Address: | | | |
| **Parent/Guardian Information** | | | |
| Parent/Guardian Name #1: | | | |
| Phone: **(     )** | Email: | | |
| Parent/Guardian Name #2: | | | |
| Phone: **(     )** | Email: | | |

**Primary Emergency Contact**

|  |  |  |
| --- | --- | --- |
| Emergency Contact Name: | | Relation to attendee: |
| Phone: **(     )** | Email: | |
| **Insurance Information** | | |
| Is the TLC Attendee covered by insurance? | | yes  no |
| If you selected ‘Yes,’ does this insurance require Pre-Treatment Authorization?  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:** | | |

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| **Insurance Details** | |
| Company Name: |  |
| Phone Number: | **(     )** |
| Policy Number: |  |
| Group Number: |  |
| Insurance Holder’s Name: |  |
| Insurance Holder’s Birth Date: |  |
| Primary Care Physician: |  |
| Phone Number: | **(     )** |

**★ Please include a picture/copy of the insurance card (front and back) with 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 . Phone number: (     )**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Drug name:* | | *Dosage:* | | | *Time(s) to be taken:* |
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|  | |  | | |  |
| **Allergic Reactions** | | |  | ***Details*:** | |
| Does the student have any allergies? If yes, what happens and how is it treated? | Bee stings?  Food?  Seasonal?  Other? | | yes  no  yes  no yes  no yes  no |  | |
| Will the student be carrying an epi-pen or inhaler? | | | yes  no |  | |
| Does the student suffer from asthma?  If yes, is it sports-induced asthma? | | | yes  no  yes  no |  | |
| **Immunizations** | | |  | ***Details:*** | |
| Are all immunizations up to date, including a tetanus within the last 10 years? | | | yes  no |  | |

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

**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 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 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.

***Your typed signature below indicates your agreement to the terms above.***

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| Parent/Guardian Signature: | Date: |