MEDICAL CONSENT FORM – ADULT LEADER

(All adult leaders must be 21 years or older)

*Once completed, please make a copy of this form for EACH participant.
(Keep one with the Family Group Leader and keep one with the participant)

Name: _____
(Last) (First) (Middle Initial)

Mailing Address: _____
(Street) (City) (State) (Zip)

Email: _____ Cell #: _____

Male: _____ Female: _____ Age: _____ Date of Birth: _____(*MM/DD/YEAR*)

HEALTH INFORMATION: To be completed by ALL Participants

Please explain special diet and health arrangement needs (including allergies, heart conditions, medical needs, etc):

_____

_____

____Yes ____No Have you had any serious illness or surgery within the past ten years?
Please list: _____

____Yes ____No Do you have any condition that would prevent you from participating in any activities?
Please list: _____

____Yes ____No Are you diabetic?

Date of last Tetanus shot:_____

Please list **ANYTHING** else the leaders should know to help avoid or deal with any situation that might arise:

_____

INSURANCE INFORMATION: MUST BE INCLUDED

Health Insurance Co.:_____ Policy No.: _____
Name of policy holder: _____
Name of another person to contact: _____Friend/Relative
Address:_____
(Street) (City) (State) (Zip)
Telephone: Home (_____)_____ Work (_____)_____
Family Doctor's Name:_____ Work Phone (_____)_____
Family Dentist's Name:_____ Work Phone (_____)_____

Do any pre-certification, notification, or other requirements exist with respect to the participant's health insurance? _____ If so, specify: _____

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE / PERMISSION TO ATTEND

For participants over 21 years old:

☐ I certify that I am at least 21 years old.

☐ I hereby agree to serve as an adult leader and to participate fully in the Nebraska District Middle School Youth Gathering. I will supervise and care for all members of my Family Group throughout the Gathering experience.

Signature: _____ Date:_____
(Adult Leader signature)