



THE QUEST CHURCH TEENQUEST MINISTRY
2024 Medical Information and Release Form

STUDENT NAME _____ BIRTHDATE ____/____/____

STREET ADDRESS _____

CITY _____ ZIP _____

SS# _____

IN CASE OF EMERGENCY NOTIFY

1. _____

HOME # _____ WORK # _____

2. _____

HOME # _____ WORK # _____

FAMILY PHYSICIAN _____ PHONE _____

INSURANCE INFORMATION

NAME OF MEDICAL INSURANCE CO. _____

NAME ON POLICY _____

GROUP NUMBER _____

SUBSCRIBER NUMBER _____

PAST MEDICAL HISTORY

Check the appropriate information.

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Diabetes _____ Heat/Cold Injuries

_____ Heart Trouble _____ Dizziness _____ Stomach Problems _____ Hay fever

Other _____

Allergies

Foods _____ Drugs _____

Insects _____ Vegetation _____

Previous operations or serious

illnesses _____

Name and dosage of current

medications _____

Special Diet _____

Blood Type _____ Date of last Tetanus shot _____

Childhood Diseases (Please check all that apply)

_____ chicken pox _____ measles _____ mumps _____ whooping cough

Other _____

PERMISSION FOR TREATMENT

In the event that I/we the undersigned parent(s) or guardian(s) of _____, a minor, cannot be reached, I/we do hereby authorize adult workers for the youth group of The Quest Church, Royse City, TX as agent(s) for the undersigned, to consent to any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel licensed under the provinces of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

RELEASE OF LIABILITY

I/We, the undersigned, do hereby release, remise and forever discharge The Quest Church and all adult workers for the TeenQuest Ministry of The Quest Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in a church sponsored trip or event.

PHOTO/AUDIO/WEB RELEASE

Further, I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the participant during their participation in any activity, event, or trip to be used, distributed, or shown as the church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers. (When used in the public realm identifying information will be used responsibly e.g. names will not be attached to specific pictures on the church web site).

_____ Date _____

(Parent or Guardian Signature)

PARENTS ARE RESPONSIBLE FOR UPDATING THIS INFORMATION SHOULD CHANGES OCCUR.

*****Valid through December 31, 2024*****