

# FOCUS Parental Consent, Acknowledgement of Risk and Health Release

For office use only	

**Parental Consent:** In the event of illness, injury or any other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give the officers, employees, volunteers and staff of The Fellowship of Christians in Universities and Schools, Inc. (collectively, "FOCUS") permission to act on my behalf to secure medical treatment as necessary, including, but not limited to, medical attention, anesthesia, surgery, and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child while at the FOCUS program. I absolve FOCUS from liability in acting on my behalf in this regard so long as they are not grossly negligent.

I understand that it is the policy of FOCUS to prohibit the use of illegal drugs and alcohol during programs. The FOCUS leaders have my permission to send my child home at MY EXPENSE for any behavior deemed exceedingly disruptive to the group or program. I have discussed these issues with my child and we are aware of the consequences and are willing to comply as stated.

I understand that photographs of events are routinely taken to be used by FOCUS in their publications. I agree that photographs of my child may be used in FOCUS publications.

**Acknowledgement of Risk and Release:** I hereby acknowledge and agree that the sports of blading, rock climbing and hiking (collectively, "Sports") have inherent risks of injury and death. I hereby certify that I have full knowledge of the nature and the extent of the risks associated with my child's participation in these Sports. On behalf of my child, I hereby ASSUME ALL RISKS of injury and death to my child that may result from my child's participation in these Sports and RELEASE and AGREE TO HOLD HARMLESS FOCUS from any claim of negligence, which my child, I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against FOCUS on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the participation in the Sports, whether the use is supervised or unsupervised, however the injury or damage is caused.

FOCUS is not responsible for any personal items or articles lost or stolen during a program.

This document is a legally binding contract and supersedes any other agreements or representations by or between the parties. This document is intended to provide a release of liability as set forth above, but it is not intended to assert any claims or defenses which are prohibited by law. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

As my child is a minor, I certify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of my child and I agree to be bound by the terms and conditions of this agreement and to defend and indemnify FOCUS in any claim or suit arising from said minor's participation in the above referenced Sports.

PRINT NAME OF PARTICIPANT	BIRTH DATE	AGE
PRINT NAME OF PARENT/GUARDIAN	PRIMARY CONTACT PHONE NUMBER	
SIGNATURE OF PARENT/GUARDIAN	DATE	

If participant is not a minor, please contact the Programs Office to receive a Waiver of Release for participant to sign for self

EMERGENCY CONTACT (OTHER THAN PARENT)	RELATIONSHIP	PRIMARY CONTACT PHONE NUMBER
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# FOCUS Medical Information Form

This form needs to be updated every 12 months, in addition to when any changes in insurance, doctor, or medical conditions take place.

<b>STUDENT NAME</b>		<b>PROGRAM ATTENDING</b>
INSURANCE COMPANY NAME	POLICY HOLDER	STUDENT ADDRESS
INSURANCE POLICY NUMBER	GROUP NUMBER	CITY, STATE & ZIP CODE
INSURANCE COMPANY'S EMERGENCY PHONE NUMBER & OTHER PERTINENT INFORMATION		NAME OF PHYSICIAN & PHYSICIAN'S PHONE NUMBER

If your child has Prescriptions or Over-The-Counter Medications which will be regularly taken at a FOCUS Program, please provide the following information:

Name of Medication	Dosage	Dispensing instructions	Reason for taking the medicine

Describe any known Allergies or Dietary Restrictions, whether for medical or any other reason:

*\*Please be very detailed if your child has specific food allergies in order that our kitchen can be prepared.*

Specific Allergy or Restriction	Procedure in case of emergency (i.e. epi pen)	Additional pertinent information

Last date of tetanus booster: \_\_\_/\_\_\_/\_\_\_

Date of last physical: \_\_\_/\_\_\_/\_\_\_

Please provide any significant history or other important information that will be useful or necessary during the course of the program or in an emergency situation. Please attach any additional information to the back of this form. This information is confidential.

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**INSURANCE CARD:** Please copy the front and back of your child's insurance card in the space provided.

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