



**One Team International
St. Louis Project
Medical and Liability Release Form**

(Bring with you at time of registration!)

I, as parent/guardian of _____, release the host church, its agents, and employees, and One Team International LLC from any claims illness or causes of action arising from or connected with transportation to and from, attendance, and participation in the St. Louis Project, Sunday, June 9th - Friday, July 14th. I further agree that the host church, its agents or employees, and One Team International are authorized to provide such medical care treatment as may be necessary, in their judgment, during such transportation and project.

Signature: _____

Date: _____

Emergency Contact

Name: _____

Relation: _____

Phone: _____

Address: _____

If parents cannot be reached, please contact:

Name: _____

Relation: _____

Phone: _____

1. Health History: (Check where appropriate. Please also give approximate dates.)

Bleeding/Clotting disorders Frequent ear infections Mononucleosis
 Chicken Pox Hearing defect/disease Psychiatric Treatment
 Convulsions Hepatitis Tuberculosis
 Diabetes Hypertension Other: please explain

In the event that your student becomes ill, are there any other medical contentions of which we should be concerned? Yes No

If yes, please describe:

You may choose to call your Pastor or Student Director and discuss the conditions personally rather than give this information on this form. Your privacy will be respected.

2. Known Allergies Yes No If yes, please check known allergies.

Asthma Insect Stings Penicillin
 Hay Fever Ivy Poisoning, etc. Other:

3. Physical Disabilities Yes No If yes, what?

4. Regular Medication Yes No If yes, what?

5. Is your Student under a physician's care at this time?

Yes No If yes, you will need to provide a statement from your physician telling of the medications, special diet, restrictions as to recreation activities, etc.

6. In case of emergency,

please check one: Call before treating. Give First Aid, then call.

7. Immunizations up to date Yes No if no, please indicate reason:

Date of last tetanus shot: _____

INSURANCE:

All participants must provide their own health insurance as the primary source of coverage. One Team International and its partners will provide no medical, health, life or other insurance to participants.

Hospital Insurance: Yes No

Insurance Company:

Policy Number: _____

Group Number: _____

Doctor: _____

Phone: _____

I give permission for my child's image through print and video to be used in promotion for future One Team Events.

Signature: _____