

COLLEGE LIFE RETREAT - 2016  
MEDICAL WAIVER FORM

**Participant Information (Please PRINT in ink)**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Contacts and Information**

Parent/Guardian Name: \_\_\_\_\_ Work phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Work phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Carrier's Phone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Allergies:**

Bee or Insect Sting: \_\_\_\_\_ Treatment: \_\_\_\_\_

Drugs (list): \_\_\_\_\_

Foods (list): \_\_\_\_\_

Other (list): \_\_\_\_\_

**\*\*\*\*\*IMPORTANT!\*\*\*\*\***

**ALL Medications MUST be brought in the original container with the doctor's instructions!**

COLLEGE LIFE RETREAT - 2016  
MEDICAL WAIVER FORM

**Activity Restrictions:**

Activity Restrictions: \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Last Tetanus (DPT): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any Limiting Fears: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Health History** (Check conditions and describe below, list the year for each illness):

Condition	Yes	No
ADD/ADHD		
Anemia		
Appendicitis		
Asthma		
Back Pain or injury		
Bedwetting		
Bleeding/Clotting Disorder		
Blood Pressure (High/Low)		
Bronchitis		
Chicken Pox		
Colitis		
Concussion/Head Injury		
Corrective Lenses (yes)		
Cramps, severe		
Cystitis		
Dental Appliances		
Diabetes		
Diarrhea/Constipation		
Dislocations		
Eating Disorder		
Emotional/Behavioral Issue		
Epilepsy or Convulsions		
Fainting or Dizziness		
Fractures (broken bones)		

Condition	Yes	No
Frequent Ear Infections		
Gall Bladder		
Hay Fever		
Heat Stroke or Exhaustion		
Heart Disease or Defect		
Hepatitis A, B, or C		
Hernias		
HIV Positive		
Joint or Muscle Pain		
Knee Injury or Trouble		
Measles		
Migraines or Headaches		
Mononucleosis		
Motion Sickness		
Pneumonia		
Rheumatic Fever		
Skin Conditions or Rashes		
Sleepwalking		
Sprains or Strains		
Tuberculosis		
Tumor or Growth		
Ulcer		
Urinary Difficulties		
Venereal Disease		

**Extra Details on anything mentioned above:**

\_\_\_\_\_

COLLEGE LIFE RETREAT - 2016  
MEDICAL WAIVER FORM

**Name any injuries, illnesses, or disabilities not mentioned above, along with the year of occurrences:**

---

**Hospitalization or surgeries (include dates, reasons, hospital names, and locations):**

---

Do you (participant) have any physical, emotional, mental, or physiological limitations that would affect your participation in this activity? (circle one)

**Yes**

**No**

If so, please fully describe such conditions or limitations below: (please use back if needed).

---

---

---

**By signing below, I acknowledge that I have completed this Medical Disclosure Form accurately, truthfully, and to the best of my knowledge. I further warrant and represent that if any of the information contained in this form changes at any time, I will immediately provide Covenant Fellowship Church with such updated information.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent or Guardian endorsement required if Participant is under the age of eighteen (18):**

Parent/Guardian Name: \_\_\_\_\_

(Please print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Authorized CFC staff member)