

Team Member Name: _____

(Parent signature must be notarized when applicant is 17 years old or younger.
The exception is when a parent will be on the weekend.)

CENTRAL TENNESSEE VIDA NUEVA *TEAM MEMBER MEDICAL RELEASE*

*This form **must** be completed and appropriately signed by all weekend participants under the age of 18 prior to commencement of weekend activities. A new form must be completed for each weekend in which the Team Member serves and will be held by the Vida Nueva Council Representative during the course of the weekend.*

Name of Team Member:

Please indicate any and all medical allergies, medications being taken, medical problems or conditions, special diets (for valid, diagnosed medical conditions), or any other pertinent information (please print legibility in necessary use additional space on the back of this form).

Team Member Medical Insurance Company: _____

Group # _____ Member # _____

Father (or guardian's) name: _____

Father (or guardian's) home, business and cell phone:

Mother (or guardian's) name: _____

Mother (or guardian's) home, business and cell phone:

Emergency Contact Name and phone number(s)

Team Member Name: _____

(Parent signature must be notarized when applicant is 17 years old or younger.

The exception:is when a parent will be on the weekend.)

In the event of an emergency, I as parent or legal guardian of _____ do hereby authorize an adult Vida Nueva leader as agent for me, to consent to _____ receiving any X-ray, exam, medical, dental or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon or dentist, as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I shall be obligated for all costs relative to any medical assistance and/or services rendered on behalf of _____.

I understand that CTVN will hold in confidence information I provide them except as required by law or when necessary to protect others or myself against a threat of harm.

Signature of Parent or Legal Guardian: _____

Date: _____

Signature of Weekend Participant: _____

Date: _____

The following to be completed by the notary witnessing parent/guardian signature.

The state of _____ the county of _____. Before me, a Notary Public, on this day personally appeared _____ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____

Notary Public, State of _____

Print name of Notary Public here

My commission expires the _____ day of _____, A.D. _____.

Youth will be permitted to stay with ORIGINAL notary, no photocopies or electronic transmission is accepted.

The upcoming Weekend will be at Oasis Christian Camp 2015 Stony Point Road Franklin, KY 42134 270-622-1141 Closing activities begin at 4:00 pm on Sunday and are completed no later than 5:30pm. Please make sure arrangements for the participant's return to their home have been made upon conclusion of the weekend.