

# **Christian Youth In Action<sup>®</sup> Medical Questionnaire**

(To be filled out by parent or guardian if the applicant is under 19)

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Date \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_ Policy #: \_\_\_\_\_

<b>Allergies:</b>	<b>Has the applicant had:</b>	<b>Yes</b>	<b>No</b>
Food Allergies – List:	Asthma		
	Epilepsy		
	Diabetes		
	Hypoglycemia		
Allergies to medications – List:	Serious reaction to		
	Have/Carry Epi-Pen?		
Other allergies (flowers, grasses, etc.) List:	Other:		
	Date of last tetanus shot:		

**Note:** For serious reactions that require an Epi-Pen, please note above and send with applicant.

**Special Diet:** Yes / No If so, what is it? \_\_\_\_\_ We carry

the following stock items. Please check off any you **do not** want your child to receive.

Ibuprofen	T y l e n o l	S u d a f e d	Bactine/Solarcain	Antibiotic Ointment
Benadryl	Eye Drops	M y l a n t a	Tums/Antacid	P e p t o - B i s m o l
Cough Syrup	Cough Drops	I m o d i u m	Essential Oils	Other

Please send prescription drugs in original container with dosage/use. Put name on all inhalers.

**Please list any prescription drugs being brought by the applicant here:**

**If the applicant is sick for over 36 hours, I will have to arrange for transportation home.**

**In case of a medical emergency, I hereby give permission to the physician selected by the camp staff to secure proper treatment for my child as named on this form.** (You will be notified as soon as possible in case of serious injury or illness.)

**Signature of parent/guardian** \_\_\_\_\_ Phone \_\_\_\_\_

Alternate contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

I understand that by typing my name in the above box I certify I am the person indicated and that this serves as a legal signature.

# Christian Youth In Action<sup>®</sup> Transportation Waiver

(To be filled out by parent or guardian if the applicant is under 19)

The Child Evangelism Fellowship (CEF<sup>®</sup>) USA Child Protection Policy states, "Even when ministry to children is not taking place, an additional adult or minor must be present when two workers are together and one is a minor, unless the minor's parent or guardian has signed a waiver."

I understand that there may be occasions when my child may be traveling from location to location and/or serving in the company of only one adult of legal age.

Therefore, I, the parent or legal guardian of \_\_\_\_\_, a minor, hereby waive the above requirement for this minor and give my permission for him/her to travel while participating in the ministries of Child Evangelism Fellowship, without the presence of an additional adult or minor.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_

I understand that by typing my name in the above box I certify I am the person indicated and that this serves as a legal signature.

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## **Child Evangelism Fellowship (CEF<sup>™</sup>) of Hawaii Photo/Video/Audio Release**

Child Evangelism Fellowship<sup>®</sup> may, from time to time, document the activities of the ministry with photos, videos, or audio recordings. I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs, video, or audio of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Name of Child or Adult Participant: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature (of parent or guardian, if a minor): \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that by typing my name in the above box I certify I am the person indicated and that this serves as a legal signature.

**WHEN COMPLETE PLEASE SAVE AND EMAIL ENTIRE DOCUMENT TO:**

**tim@timdekle.com**

(if filling out in a web browser go to "print" and "save as PDF")