

Health Information

(Must be completed for all City Life team members)

Information reported on this form will be treated confidentially
It is imperative that all information is noted in detail and is complete.

Name _____

Date of Birth: _____ Height _____ Ft. _____ In. Weight _____ Lbs

A. Check and give approximate age at which you had any of the following (explain as necessary):

_____ tonsillitis	_____ appendicitis	_____ chicken pox
_____ heart disease	_____ tuberculosis	_____ major injuries (broken bones, etc.)
_____ diabetes	_____ convulsions	_____ surgeries
_____ mumps	_____ measles	
_____ asthma (please explain the severity) _____		

B. List any diseases you have had _____

C. List reasons for any hospitalizations in the past five (5) years _____

D. List any allergy problems you have (including sinus, migraine headaches, animal or food allergies) _____

E. Have you ever had or been advised to have psychiatric treatment/counseling? _____
If yes, treatment was received or advised for what symptoms or condition? _____

F. At present, do you have any challenges, disabilities, or health concerns that City Life staff should be aware of? _____

G. Have you ever used illegal drugs (marijuana, cocaine, etc), alcohol, cigarettes or abused any substances (cough medicine, caffeine pills, aerosol cans, etc)? _____
If so, please explain: _____

H. Have you ever been restricted from physical education programs when in school? Explain: _____

I. Do you know of any reason you should not be permitted to be involved in the normal physical labor of an City Life team? _____

J. How many days of school and/or work absence in the past year were due to health reasons? _____

K. Do you have any known drug sensitivities (i.e. penicillin)? _____

L. What is the date of your last tetanus shot? _____

M. Are you receiving medication now that will need to be continued during the two-week program? If so, what? (This includes allergy shots, asthma inhalers, etc.) _____

N. Are you in a regular program of physical exercise (running, jogging, etc.)? _____

O. Rate your health (10 is best - circle one):
10 9 8 7 6 5 4 3 2 1



Proof of Medical Health Insurance, Health and Authorization Release For 2019 City Life Participant

Name of Participant _____

Please read, check either proof section or waiver section, sign, date, and then return this sheet (with copy of front & back of insurance card if checking option #1)

to CE National by May 22, 2019

OPTION #1-PROOF OF INSURANCE



I have major medical insurance. I understand that if my child needs medical treatment while on City Life, every effort will be made to contact me. I further agree that any costs for my child's medical treatment while on City Life will be my responsibility.

Name of Insurance Company _____

Policy Number _____

(Please copy front & back of your insurance card and attach it to this document)

OPTION #2-INSURANCE WAIVER



I have no major medical insurance. I understand that I must assume sole responsibility for any costs for my child's medical treatment while on City Life tour.

This is a release form to authorize any staff members of this CE National ministry to call an authorized doctor to administer medical and surgical treatment at any time when they believe an emergency exists. This authorization is intended to cover immunizations, injections, minor operations and procedures and whatever necessary anesthetics. It is not intended that any medical or surgical treatment will be rendered without his/her personal consent. In the event of major surgery, an attempt to contact next of kin will be made before relying upon this authorization.

I agree to accept full responsibility for any medical expenses my child may have while on City Life. (City Life does not provide medical insurance for our participants. Your family personal health insurance may be used and you will be responsible for any additional expense not covered by your health insurance)

I give my consent as well for pictures of my child to be posted on the CE National family of websites.

X Signature of parent/guardian: _____ Date _____

Print Name of above signed: _____

Address: _____

City/State/Zip: _____

Residence phone: _____ parent cell phone: _____

Parent E mail address _____

Relationship to applicant: _____



Notarized Release in Full of All Claims

**Official Authorization for Travel – for all City Life students, regardless of age
(to be filled out by all City Life parents/guardians & notarized)
(Return to CE National Inc., by **May 22**)**

I hereby give consent for my son/daughter _____ to
(student name)

travel during City Life tour with the City Life leaders on June 11, 2019 to June 18, 2019.

In consideration of the City Life training and tour, June 11, 2019 to June 18, 2019, we hereby release and forever discharge CE National Inc., of Winona Lake, Indiana, its employees, Board of Directors, the City Life leaders and team members, host churches, attendees, and host families from any and all actions, claims and demands from upon or by reason of any damage, loss, or injury, which hereafter may be sustained by

_____ in consequence of _____
(Student Name) (his/her)

participation in said trip and all activities engaged in during the course of said trip.

This extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and consequence thereof, except to the extent insurance policies are in effect to cover such a loss. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

Signature of Father with Legal Guardianship _____

Signature of Mother with Legal Guardianship _____

State of _____

County of _____

Before me, a Notary Public in and for said state, personally appeared _____
(Print Parent/Guardian name)

and _____, who being duly affirmed depose and say that they are
(Print Parent/Guardian name)

residents of _____ County, State of _____.
(name of county) (name of state)

Further affiants say naught.

Affirmed to before me and signed in my presence this _____ day of _____, 2019.
(date) (month)

(signature)

Notary Public State of _____

My commission expires _____

**Return by May 22 to: CE National, Box 365, Winona Lake, IN 46590
DO NOT FAX**