

**ALL THREE PAGES MUST BE KEPT IN THE VEHICLE IN WHICH YOU ARE TRAVELING AT ALL TIMES.**

**This is a 3-page form and must be FULLY completed.**

## Medical Information Form

Last Name _____	First _____	MI _____
Address _____	City _____	St _____ Zip _____
Phone _____	Occupation _____	
*Social Security Number _____	Date of Birth _____	
Church _____	Church Phone _____	
Church Address _____	City _____	St _____ Zip _____
Personal Physician _____	Phone _____	
*Insurance Company _____	*Phone _____	
*Policy # _____	*Insured ID # _____	*Prescription Card # _____
In case of emergency contact:		
Name _____	Relationship _____	
Daytime Phone _____	Evening Phone _____	
Name _____	Relationship _____	
Daytime Phone _____	Evening Phone _____	
Medication(s) you cannot take _____		
_____		
Medication you are currently taking _____		
_____		
These medications are to be administered by (circle one): Youth / Contact Person / Staff		
Allergies / special health problems or concerns _____		
_____		
Do you have a current tetanus shot? Yes / No		
If yes, indicate date _____ If no, we encourage you to get one before you come.		

***\*In lieu of this information, you may provide a copy of the front and back of your medical insurance card.***

## Statement of Activities and Release Form

Youth Service Ministry (YSM) at Mountain T.O.P. is a Christian Service ministry with the people of the Cumberland Mountains in Tennessee. Volunteers participating in the activities of this ministry will be expected to be involved in all activities and to respect the people of the Cumberland Mountains at all times.

Volunteers will participate in (but will not be limited to) yard work, porch and steps repair, flat roof painting and repair, shed construction, winterization projects, painting, cleaning, insulation, window repair/replacement, and other minor home repairs as need determines and are within the capability of the volunteer service team. These activities may include the use of hand tools and the handling of materials and supplies. Power tools will only be used under the direct supervision of an adult and then only if the individual has the necessary skills to appropriately handle the power tool. Participants are never forced or required to engage in any work or activity in which they feel they are not able to participate safely.

YSM participants understand that photos and video may be taken during the course of the camp week that may be used by Mountain T.O.P. in the future promotion of our ministries and programs.

Participants are expected to follow all guidelines of participation, philosophies, and expectations set by the organization and camp staff. Examples of unacceptable behavior include sneaking out after lights out, violating the tobacco policy and other Mountain T.O.P. policies, going to places in the area which have been identified by camp staff as dangerous, and being disruptive to the camp life.

We acknowledge that every effort has been made in preparing the participants for this mission experience. We therefore release Mountain T.O.P., Incorporated, its agents, employees, and any and all persons connected therewith from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Mountain T.O.P. mission project.

Further, consent/permission is given for (participant) \_\_\_\_\_ to be treated by competent medical personnel in the event of an accident or medical emergency and to receive reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for which a physician and/or other professional health care provider in the hospital/clinic refuses to administer without my consent, we hereby authorize:

Adult Group Leader (Print full name): \_\_\_\_\_

*and*

MTOP Camp Director (Print full name): \_\_\_\_\_

to give such consent for us in the event that we are not readily accessible by phone. If in the event it becomes necessary for either of the identified persons to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent. We understand that Mountain T.O.P. requires proof of personal insurance or acknowledgment of financial responsibility for all medical expenses. We agree that our insurance company (if applicable) will be used for all necessary medical expenses and we are aware that we may be billed by the medical provider for any medical expenses not covered by our personal insurance policy and will be responsible for payment of those expenses.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Signature (Parent or Guardian if participant is a minor)

*Please circle one:*

I give permission to release this information to adult drivers and summer staff in order to ensure my/my youth's health issues are properly addressed. **YES / NO**

**THIS FORM MUST BE NOTARIZED for anyone under the age of 18:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

My commission expires: \_\_\_\_\_

Notary Public seal or stamp required above