



MEDICAL QUESTIONNAIRE –(front page)

(To be filled out by the parent or guardian,
if the applicant is under the age of 18)

Name of Applicant: _____ Age: _____

Parent's Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Medical Coverage for the Applicant
(Please make a copy of both sides of your insurance card and include with this form)

Name of Insurance Company: _____

Policy Number _____

Family Physician _____ Phone _____

Does the applicant have: (circle answer)

Diabetes Yes / No Special Diet Yes / No (If, Yes, what is it?)
 Hypoglycemia Yes / No _____
 Asthma Yes / No _____
 Hay Fever Yes / No _____

Has the applicant had: (circle answer)

Allergies to Medication Yes / No (If Yes, what meds?)

Chicken Pox Yes / No _____
 Rheumatic Fever Yes / No _____
 Mumps Yes / No _____
 Rubella _____
 (German Measles) Yes / No _____
 Measles Yes / No _____

Serious Reaction to

Bee Sting Yes / No _____

Has the applicant had any illness requiring a visit to the doctor in the last 3 months? Yes / No
(If Yes, what was the health problem?) _____

Do you have any health conditions or physical challenges that would require special services?

Yes No If yes, please indicate types of services you may need:

DO YOU USE AN INHALER? _____ FOR WHAT PROBLEM? _____

DO YOU CARRY EPI PEN ? _____ FOR WHAT ALLERGIC REACTION _____

Please list any non-prescription drugs that you would allow your child to take at his/her own discretion (ie: Tylenol, aspirin, ibuprophen, Inhaler etc.)

More information needed on the back →

MEDICAL QUESTIONNAIRE *(back page)*

Name of Applicant cont. _____ -

Please list any prescription drugs being brought by the applicant: Include Inhalers or Epi pen

NOTE: All medications must be in their original containers, must be in a labeled zip lock bag, and must be turned into the CYIA Director or nurse at registration. No medication of any kind will be allowed in dorm rooms without the knowledge and approval from the CYIA Director.

Name of Medication	What is it for	Dosage

PARENTAL/GUARDIAN PERMISSION

I, _____, parent or guardian of _____ hereby authorize the nurse on duty and or dorm counselor or director at the Child Evangelism Fellowship® CYIA™ Training School to serve in loco parentis for me in giving over-the-counter medication to my son or daughter. I authorize the CYIA School Director, the Child Evangelism Fellowship State Director, and the nurse on duty to serve in loco parentis for me in taking my son or daughter to a doctor or emergency room for any urgent need with the understanding that the parent or guardian will be notified as soon as possible.

Signed _____ **Date** _____

LIABILITY AND RESPONSIBILITY CLAUSE

Child Evangelism Fellowship is not responsible for any medical bills incurred while the CYIA missionary candidate is attending training school. I agree to use my own medical insurance as the primary coverage in the event that my student needs medical care. I understand that I, the parent or guardian, will be responsible for any medical bills for my child and will make sure all medical bills are paid for in full.

Signed _____ **Date** _____

Photography and Video Release

Child Evangelism Fellowship® may, from time to time, document the activities of the ministry with photos or videos.

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 or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Please print clearly.

Name of Child or Adult Participant: _____

Address _____

City _____ **State** _____ **Zip** _____

Signature _____
(parent or guardian if a minor) _____

Print name _____ **Date** _____

Cedarville Liability Release

Cedarville contract pg. 6 states: The University assumes no responsibility for loss or theft of personal property, or damage to personal property of Purchaser or any of its participants. Purchaser shall indemnify and hold harmless the University, its officers and employees, in either their individual or official capacities, against any and all claims for loss, injury, or damage to persons or property, including claims of employees of Purchaser or its agents, arising out of activities conducted by Purchaser or its guests on or in University buildings, properties, or facilities unless proximate cause of such loss, injury or damage is directly due to the negligence of Cedarville University, its officers, directors, agents and/or employees.

CEF will not be responsible to reimburse for any personal property loss or damage while at the CYIA training or ministry activity during 5-DC unless the damage is directly due to negligence of Child Evangelism Fellowship® of Ohio, Inc.

Parent/Guardian Signature _____ Date _____

PERMISSION TO TRANSPORT TO AND FROM CYIA

I, _____ give permission for _____ to transport my son/ daughter, _____, to CYIA training held at Cedarville University on _____ (day of week) and return date of _____ if I am unable to pick him or her up.

PERMISSION TO TRANSPORT WHILE AT CYIA

I _____ give permission for my child _____ to be transported by a CEF staff member to any CYIA activities such as the 1-day club and outing on Friday June _____ of CYIA training.

PERMISSION TO TRANSPORT DURING 5-DAY CLUB MINISTRY WEEKS**Waiver For Minors**

Item number six of the *Child Evangelism Fellowship* (CEF®) USA Child Protection Policy fact sheet 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 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 and serve with *Child Evangelism Fellowship* without being accompanied by two or more adults at any given time. **Signature** _____ **Date** _____

PARENT OR LEGAL GUARDIAN

I recognize that as with any activity involving motor vehicle transportation, there exists the potential for accidents resulting in bodily injury and/ or loss of limb or life. • We acknowledge that there exists the potential of a vehicular accident occurring while our child or children are being transported while under the care of the Drivers designated. • I, we assume the healthcare expenses relating from any such accident, illness or other incapacity which may occur while our child or children are under the care of the designated driver. • Designated drivers above has and maintains valid and adequate vehicle and liability insurance to provide an umbrella of coverage for all occupants of the transportation vehicles.

Signature _____ **Date** _____

Printed name of parent or guardian _____

Address _____

City/State/Zip _____

Phone - Home _____ **Cell** _____

Other person (relationship) and phone number to contact in case of emergency _____