



**2010 YOUTH CONVENTION | NOVEMBER 25-27, 2010 | SAN ANTONIO, TX**

**GLAD YOUTH MINISTRIES MEDICAL RELEASE FORM**

\*This form is to be filled out and signed by the legal guardian. **Youth Leaders should have this form with them at convention during all times, in case of emergency. Leaders should also have a form on file with their own information.** PLEASE NOTE: Refunds for 1/2 of payment will only be issued in emergency situations.

\*Anyone 18 yrs old & above must have a pastor's certification form stating they have been cleared with a background check run by the church and cleared as a leader to attend. This certification does not need to be submitted to the GLAD Youth Ministries Office, but a copy of it should be accessible to the youth leader during Convention at all times. It is the Senior Pastor's responsibility to ensure that all leaders have been cleared to participate.

**STUDENT/LEADER INFORMATION**

Name: \_\_\_\_\_ Sex: Male Female Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Church: \_\_\_\_\_ City/St: \_\_\_\_\_  
Pastor: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION (APPLICANTS 18 YRS. AND OLDER MAY SIGN FOR THEMSELVES)**

Name of Parent/ Guardian: \_\_\_\_\_  
Address: (if different than applicant): \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_  
In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you carry Family Medical/ Hospital Insurance? Yes No  
Medical Insurance Carriers name:  
Policy or Group # \_\_\_\_\_ Phone: \_\_\_\_\_



**1. Has the applicant received the following immunizations?**

Diphtheria yr. \_\_\_\_\_  
Whopping Cough yr. \_\_\_\_\_  
Polio yr. \_\_\_\_\_  
Tetanus yr. \_\_\_\_\_

**2. Has the applicant had:**

Measles Yes No  
Polio Yes No  
Mumps Yes No  
Chicken Pox Yes No  
Scarlet Fever Yes No

**3. Check all that apply to the applicant:**

\_\_\_\_\_ Heart Trouble  
\_\_\_\_\_ Ear Trouble  
\_\_\_\_\_ Hernia  
\_\_\_\_\_ Lung Trouble  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Seizures  
\_\_\_\_\_ Bleeding/Clotting Trouble  
\_\_\_\_\_ Hypertension  
\_\_\_\_\_ Mononucleosis  
\_\_\_\_\_ Allergies  
\_\_\_\_\_ Asthma

**4. List all allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**5. Please list any other conditions medical personnel should be aware of:**

\_\_\_\_\_

**6. List any medications which the applicant has brought to Convention:**

\_\_\_\_\_

**PERMISSION/AUTHORIZATION FOR TREATMENT OF MINOR**

I understand that my child \_\_\_\_\_ will be in the care of \_\_\_\_\_  
(name of Pastor/Youth Pastor) of \_\_\_\_\_ (Church Name) in \_\_\_\_\_  
(Church City) during the 2010 Gulf Latin American District Assemblies of God Youth Convention to be held on November  
25-27, 2010 at the George R. Brown Convention Center in San Antonio, TX. I understand that I, Legal Parent/Guardian/Leader  
am responsible for complete medical charges should injury/illness occur. I understand that the Assemblies of God Gulf  
Latin American District Council's policy will provide for emergency First Aid coverage as a courtesy, within its limits, but only if the  
Assemblies of God Gulf Latin American District Council has been informed of the injury at Convention, and if the person  
receives medical treatment while at Convention. I hereby give permission to the medical personnel selected by the  
Assemblies of God District Office Staff/Convention Staff, to order x-rays, routine tests, treatment, to release any records  
necessary for insurance purposes; and to provide and arrange necessary related transportation for the above-named applicant.  
In the event that I, the parent/guardian cannot be reached in any emergency, I hereby give permission to the selected physician  
to secure and administer treatment, including hospitalization, for the applicant named above. To the best of my knowledge  
all history is correct. The person herein described has permission to engage in all prescribed Convention activities except as  
noted. This complete form may be photocopied by our church to carry during off-site free time. I also give my consent for use of  
photographs of the applicant in District promotional videos, publications and/or their website.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**LEADER'S AUTHORIZATION**

To the best of my knowledge all history is correct. This complete form should be photocopied by our church to carry during  
travel to and from convention and during off-site free time. I also give my consent for use of photographs of myself in District  
promotional videos, publications and/or their website.

\_\_\_\_\_  
Signature of Applicant's Leader

\_\_\_\_\_  
Date

