

Center for Spiritual Living, Reno ♦ 4685 Lakeside Dr., Reno, NV 89509 ♦ (775)826-0566

Center for Spiritual Living, Reno Teen Overnight Consent & Medical Release

Teen (13 – 18 years old) Adult

Advisor Name	Phone:
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Participant Information

Name:	Date of Birth/Age:	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
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Parent/Legal Guardian Information

Name:	Relationship:	Home/Work Phone:
Home Address:	City:	State/Province: Zip/Postal Code:
		Cell Phone:

Second Emergency Contact Information

Name:	Relationship:	Home/Work Phone:
Home Address:	City:	State/Province: Zip/Postal Code:
		Cell Phone:

Personal Health Information (use second page of form if necessary)

My Son/Daughter is in good health and able to participate in all normal activities of the group. (If No Please explain below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any special medical requirements (i.e. prescription drugs, OTC medications, special diets, etc.):	
Please list any/all allergies to medications/foods:	
Please list any/all other specific restrictions/conditions that require special attention/awareness:	
Personal Physician Name & Phone Number:	

Health Insurance Information

CSLR does not provide supplemental health and accident insurance for your teen. Should it be necessary, we shall secure medical and/or hospital care. The following information will assist our efforts in arranging help for your teen. Included with this form please provide one of the following: A) A copy of both sides of the teen's health insurance card or B) a signed copy of the "Non-Health Insurance Disclosure Agreement."	
Policy Holder:	Relationship to Patient:
Policy Number:	Group Number:
Billing Address:	Carrier Phone Number:

The undersigned (parent or court appointed guardian of the Child named above) hereby consents to the performance and rendition of all emergency medical treatment and services and all other medical treatment and services as directed by, performed by, or rendered by any person licensed to practice medicine or directed by, performed by, or rendered by other qualified medical personnel during such child's attendance at and travel to and from any activities conducted or sponsored by or connected in any way with the Center for Spiritual Living, Reno. Without limiting the generality of the foregoing, the terms medical treatment and services include the administration or performance of X-ray examination, injection, blood transfusion, laboratory procedures, anesthesia, setting of broken bones, and surgical procedures. The undersigned hereby indemnify and agree to hold Center for Spiritual Living, Reno and their agents and employees, free and harmless against any damages, costs or expenses resulting from or arising out of any claims, demands or causes of action that may arise out of or result from any such medical treatment or services. **If for any reason insurance is unavailable or my insurance carrier does not pay, I hereby assume full responsibility for financial obligation of treatment.** This Consent and Release shall remain in full force and effect until revoked in writing by the undersigned.

Parent/Guardian Signature: _____ **Date:** _____

As the parent or legal guardian, I hereby consent for my child to attend and participate in all activities provided as described above.

****NOTE:** TWO (2) copies of this form are required. One is to be uploaded with registration. The second is to be kept with the Advisor/s accompanying the teens to the event.

Additional comments or information: