

MEDICAL INFORMATION

Do you have a known medical condition? _____

If so, please explain. _____

Do you have any known allergies (food or medicine)? _____

If so, what are they? _____

Are you on any medications? _____

What are they? _____

Is there anything that would limit you from physical activities (i.e. walking 2 miles, lifting, carrying, etc.)? _____

If so, please explain. _____

INSURANCE INFORMATION

Do you have health insurance that covers your child? Yes No

Name of child _____

Is your health insurance valid overseas? Yes No

If you answered yes to both questions please provide the information below:

Name of the Insured _____

Name of Insurance Company _____

Address _____

Phone Number _____

Medical Insurance Number _____

Please provide a photocopy (front and back) of your insurance card in the space provided.

RELEASE FORM

Name _____

Address _____

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of medical treatment, including anesthesia and surgery, as the attending physician may deem necessary on the above person.

Applicant's Signature _____ Date _____

Signature of parent or guardian required, if applicant is less than 18 years of age:

Signature _____ Date _____ Relationship _____

RELEASE OF LIABILITY

I/We hereby release Solid Rock Foundation Ministries, it's staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Solid Rock Foundation Ministries.

Applicant's Signature _____ Date _____

Signature of parent or guardian required, if applicant is less than 18 years of age:

Signature _____ Date _____ Relationship _____

LEGAL CONSENT FOR MINORS

I hereby give my consent for _____

to travel outside the United States with Solid Rock Foundation Ministries.

Signature of parent or guardian _____ Date _____

Print full name _____

REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to SOLID ROCK FOUNDATION MINISTRIES, PO BOX 2149, MONTROSE, CO 81402, for the person filling out the reference. This is a confidential evaluation; therefore it will not be shown to you.

Name of applicant _____ Phone _____
Address _____ City _____
State _____ Zip Code _____

The above applicant is interested in joining *Audience of One* for our summer outreach program. We would appreciate if you would provide some information in the space below regarding the applicant. (Feel free to attach another sheet.) Please give information such as how you know the applicant, for what length of time, etc. Describe to the best of your ability the applicant's Christian walk, strong points, moral standards, family background, and any other information that is pertinent. Tell us if you would recommend the applicant for this outreach and why. To Pastors, we would like to know if you congregation is standing behind the applicant with enthusiasm and prayer. Thank you for your timely consideration of this matter.

Signature _____ Date _____
Name (please print) _____ Phone _____
Address _____ City _____ State _____
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