

Notarized Release in Full of All Claims

(this page to be filled out by **all** OB parents/guardians *[even if OB student is 18 or over]* & **notarized**)
(Return **NOTARIZED** original of this page to CE National by **MAY 22, 2019**)

I hereby give consent for my son/daughter _____ to
(print student name)

travel during Operation Barnabas with the Operation Barnabas leaders on *(check one)*

_____ **EAST** OB TOUR, June 25 to July 8, 2019 **OR** _____ **WEST** OB TOUR, June 22 to July 15, 2019

In consideration of the 2019 Operation Barnabas orientation, tour, and debriefing, we hereby release and forever discharge CE National Inc., of Winona Lake, Indiana, its employees, Board of Directors, the Operation Barnabas leaders and team members, host churches, attendees, and host families from any and all actions, claims and demands from upon or by reason of any damage, loss, or injury, which hereafter may be sustained by

_____ in consequence of _____
(Student Name) (his/her)
participation in said trip and all activities engaged in during the course of said trip.

This extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and consequence thereof, except to the extent insurance policies are in effect to cover such a loss. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

Signature of Father with Legal Guardianship _____

Printed name of Father with Legal Guardianship _____

Signature of Mother with Legal Guardianship _____

Printed name of Mother with Legal Guardianship _____

State of _____

County of _____

Before me, a Notary Public in and for said state, personally appeared _____
(Print Parent/Guardian name)

and _____, who being duly affirmed depose and say that they are
(Print Parent/Guardian name)

residents of _____ County, State of _____.
(name of county) (name of state)

Affirmed to before me and signed in my presence this _____ day of _____, 2019.
(date) (month)

(signature of notary)

Notary Public State of _____

My commission expires _____

Return by MAY 22 to: CE National, Box 365, Winona Lake, IN 46590
original document required of this page – no fax or copies

OB Student Health Info

Information reported on this form will be treated confidentially

It is imperative that all information is noted in detail and is complete - Any change in health status must be reported to CE National.

Name _____

Date of Birth: ____/____/____ Height ____ Ft. ____ In. Weight _____ Lbs

A. Check and give approximate age at which you had any of the following:

_____ Mumps _____ measles _____ chicken pox _____ tonsillitis _____ appendicitis

_____ heart disease _____ tuberculosis _____ diabetes _____ convulsions _____ asthma

_____ surgeries _____ major injuries (broken bones, etc.)

(please explain any of above that would be helpful for OB leaders to know) _____

B. List any diseases you have had _____

C. List reasons for any hospitalizations in the past five years _____

D. List any allergy problems you have (including sinus, migraine headaches, animal or food allergies) _____

E. Have you ever had or been advised to have psychiatric treatment/counseling? _____
If yes, treatment was received or advised for what symptoms or condition? _____

F. At present, do you have any challenges, disabilities, or health concerns that OB leaders should be aware of? _____

G. Have you ever used illegal drugs (marijuana, cocaine, etc), alcohol, cigarettes or abused any substances (cough medicine, caffeine pills, aerosol cans, etc)? _____
If so, please explain: _____

H. If you have ever been restricted from physical education programs when in school, please explain: _____

I. Do you know of any reason you should not be permitted to be involved in the normal physical labor of an Operation Barnabas team? _____

J. How many days of school and/or work absence in the past year were due to health reasons? _____

K. Do you have any known drug sensitivities (i.e. penicillin)? _____

L. What is the date of your last tetanus shot? _____

M. Are you receiving medication now that will need to be continued during the three-week tour? If so, what? (This includes allergy shots, asthma inhalers, etc.) _____

N. Are you in a regular program of physical exercise (running, jogging, etc.)? _____

O. Rate your health (10 is best - circle one):

10 9 8 7 6 5 4 3 2 1

Administration of over-the counter (OTC) medications for students less than 18 years old.

All of these OTCs are ok to administer. If not all are approved, you must circle the ones that are.

Circle the OTC medications you will allow to be administered:

Stomach Upset/Abdominal Pain

Immodium
Pepto Bismol
Tums
Milk of Magnesia
Zantac (ranitidine)

Runny Nose/Sore Throat/Cough

Cough drops
Chloraseptic spray
Sudaphed (pseudoephedrine)
Benadryl (diphenhydramine)

Headache/Muscle Strain/Pain

Advil/Motrin (ibuprofen)
Tylenol (acetaminophen)
Naprosyn (naproxen)

Skin/Wound Care

Triple antibiotic ointment Lidocaine gel
Calamine lotion Hydrocortisone cream
Benadryl cream Peroxide solution

Eye Care

Saline eye drops

Medical Release & Health Insurance Information

Name of OB Student: _____

This is a release form to authorize any staff members of this CE National ministry to call an authorized doctor to administer medical and surgical treatment at any time when they believe an emergency exists. This authorization is intended to cover immunizations, injections, minor operations and procedures and whatever necessary anesthetics. It is not intended that any medical or surgical treatment will be rendered without his/her personal consent. In the event of major surgery, an attempt to contact next of kin will be made before relying upon this authorization. I agree to accept full responsibility for any medical expenses my child may have while on Operation Barnabas. (Operation Barnabas does not provide medical insurance for our participants. Your family personal health insurance may be used and you will be responsible for any additional expense not covered by your health insurance)

I further agree to release CE National and the staff of the local church, organization, or activity where the OB team serves - from any liability for accidents, sickness or death which may be incurred while serving on this program. I give my consent as well for pictures of my child to be posted on the CE National and Operation Barnabas web sites during their summer ministry.

**Please read, check either proof section or waiver section, sign, date,
and then return this sheet with copy of front & back of insurance card if checking option #1**

OPTION #1--PROOF OF INSURANCE

- I have major medical insurance. I understand that if my child needs medical treatment while on Operation Barnabas 2019, every effort will be made to contact me. I further agree that any costs for my child's medical treatment while on OB will be my responsibility.

Name of Insurance Company _____

Policy Number _____

(Please copy front & back of your insurance card and attach it to this document)

OPTION #2--INSURANCE WAIVER

- I do not have traditional medical insurance. I understand that I must assume sole responsibility for any costs for my child's medical treatment while on Operation Barnabas 2019. I understand that if my child needs medical treatment while on Operation Barnabas, every effort will be made to contact me first. However, if it is an emergency situation or they are not able to contact me, I agree to be financially responsible for any medical expenses incurred by my child.

X **Signature of parent/guardian:** _____ **Date** _____

Print Name of above signed: _____

Address: _____

City/State/Zip: _____

Residence phone: _____ parent cell phone: _____

Parent E mail address _____

Relationship to applicant: _____



RETURN BY May 22, 2019

Mail: CE National, Box 365, Winona Lake, IN 46590

Fax: 574.269.7185

Email: obmail@cenational.org