

SHIRLEY HILLS BAPTIST CHURCH MEDICAL WAIVER/RELEASE/CONSENT (PLEASE PRINT OR TYPE)

2010

INSTRUCTIONS: This form is to be completed once a year. If at any time during this year any of the information below changes, the parent/guardian of the student listed below will take responsibility to notify the church office.

Print Full name of Student: _____ Home Number: _____
 Address _____ Cell Phone: _____
 Town _____ State _____ Zip _____ Age: _____ Grade: _____
 Date of Birth _____ Gender _____ Height _____ Weight _____
 Social Security Number _____ Place of Birth _____
 E-mail address: _____ School attends: _____

EMERGENCY CONTACTS

Parents/Guardians Name _____ Cell Phone Number/Pager: _____
 Address (if different from above) _____ Phone Number: _____
 Place of Employment _____ Business Phone Number: _____
 E-mail address: _____
If not available in an emergency, notify: _____ Phone Number: _____
 Address: _____ Business Phone Number: _____
 Relationship to Student/Family: _____
 E-mail address: _____ Cell Phone Number/Pager: _____

MEDICAL PROFILE AND HISTORY

Name of Doctor _____ Phone Number: _____
 Address: _____
 Name of Dentist _____ Phone Number: _____
 Address: _____

Does this student have any medical or health problems, and has this student had any chronic or recurring illness or illnesses, which would have any effect on the student's participation in an activity with the church? Yes [] No []

Are there any activities, such as strenuous activities (including swimming), to be restricted for this student? Yes [] No []

If yes, please describe the problems or illnesses: _____

Check the following conditions/diseases your child has had or currently has:

Please list all allergies that your child may have. These may include allergies to certain food, medication, insect bites or stings, pollen,

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anemia | <input type="checkbox"/> Anxiety Attacks | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Chronic Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diagnosed Phobias | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> GI/Stomach Disorder | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Hyperglycemia |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Measles | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Tuberculosis |

plants, animals: _____

Is this student on any medications? _____ If so, please state the medication: _____

If so, will this student be bringing to the activity the medications that he/she should be taking? _____

Describe any special procedures for taking the medication: _____

Describe any special dietary restrictions that this student is required to observe _____

Blood type: _____ RH Factor _____

Date of last Tetanus shot: _____ Contact Lenses? _____

Give dates, place and purpose of any x-rays, transfusions, surgeries: _____

SHIRLEY HILLS BAPTIST CHURCH * 2010 MEDICAL FORM

INSURANCE INFORMATION

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your student is at the activity. **Please attach a copy of the front and back of the appropriate insurance card.**

Do you have health insurance? Yes [] No []

Name of Insurance Company: _____ Policy Number _____ Group Number _____

Name of Policy Holder: _____ Phone Number of Insurance Co. _____

Any other information _____

PARENT AND LIABILITY RELEASE STATEMENT

I understand that Shirley Hills Baptist Church and Imprint Student Ministries carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact the persons listed on this form; however, if I cannot be reached, I hereby consent and give my permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information.

I understand all reasonable safety precautions will be taken at all times by Shirley Hills Baptist Church and its agents during the events and activities in which my child participates. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Shirley Hills Baptist Church, its staff, leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Picture Image and Video Release

For valuable consideration received, I hereby give Imprint Student Ministries and Shirley Hills Baptist Church the absolute and irrevocable right and permission, with the respects to photographs and video images that it has taken of my child or in which they may be included with others, to copyright the same in its own name or any other name that he may choose, to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not limited to) illustration, promotion, advertising and trade, and to use the name of my child in connection therewith if it so chooses.

Parent/Guardian Signature: _____ Date _____

Signature of Student: _____ Date _____

NOTARY

SEAL

(Notary)

(Date Commission Expires)

(Today's Date)