

2009-2010
MEADOW PARK STUDENT MINISTRIES
HEALTH FORM

Date: _____ Grade: _____ School: _____

(Please Print)

Name of Student _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Sex _____ Height _____ Weight _____

EMERGENCY CONTACT PERSON:

Name of Parent/Guardian _____

Address (if different from student)

City _____ State _____ Zip _____

Phone (____) _____ home/cell (____) _____ work/cell

Alternate Contact Person: (relative, neighbor, or close friend)

Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ home/cell (____) _____ work/cell

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? ___ yes ___ no

Name of Insurance Company _____

Policy# _____ Group# _____

In whose name is the insurance? _____

Family Doctor _____ City _____ Phone# _____

Family Dentist _____ City _____ Phone # _____

Later in the year, if your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with youth ministry activity.

Health History:

- Allergies Asthma Contact Lenses Diabetes Epilepsy/nervous disorders Hay fever
 Heart Condition Reaction to insect stings Stomach Upsets

If any of the above are checked, please give details. (Include normal treatment of allergic reactions) Attach extra paper if necessary

Physical Handicap: *(please describe)* _____

Any major illness during the past 12 months: *(please describe)*

Any other preexisting or present medical conditions: _____

Name and dosage of any prescribed medications that are taken on a regular basis:

Any allergies to medications? _____ yes _____ no

Please list: _____

Date of Last Tetanus Shot _____

Any activity restrictions? _____ yes _____ no

What? _____

Parent Medical and Liability Release Statement:

I understand that in the event that medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event that I or the persons listed cannot be reached, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that reasonable safety precautions will be taken by the Meadow Park Church of God Student Ministries and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Meadow Park Church of God, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries that may occur.

I understand the behavioral policies related to Meadow Park Student Ministries and realize that participation of my student in these activities is directly related to his or her ability to follow these policies. I understand that should my student be uncooperative with these policies, he or she will be sent home and that any costs associated with this decision by the activity leader(s) will be my responsibility.

Parent/Guardian Signature _____ Date _____

Signature of Student (if over 18 years of age) _____

<p>Permission to use photos on the Meadow Park web site, in all church publications, in church hallways and classrooms. (no students names or personal information such as home address or telephone number will be published/printed.)</p> <p>SIGN THIS FORM ONLY IF YOU DO NOT GIVE PERMISSION FOR YOUR CHILD'S PHOTO TO BE USED.</p> <p>As a parent/guardian I DO NOT GIVE PERMISSION to Meadow Park Church to use photos of my child,</p> <p>_____</p> <p>Child's Name</p> <p>Parent Signature _____ Date _____</p>
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