

Athens First United Methodist Church | Youth Ministry

Health History and Examination Form for August 2017-July 2018



Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Sex: M F

Guardian Information

Home Address: _____

Father's Name: _____ Father's Cell Phone: _____ Father's Email: _____

Mother's Name: _____ Mother's Cell Phone: _____ Mother's Email: _____

In Emergency Notify: _____ Phone Number: _____

(If Parent or Guardian cannot be located)

Health Information

Illness History and Allergies. Please mark those that apply; and give details if applicable. Attach additional sheet if necessary.

- | | | |
|--|---|---|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Chickenpox |
| <input type="checkbox"/> Frequent Colds / Sore Throats | <input type="checkbox"/> Epilepsy/ Convulsions | <input type="checkbox"/> Measles/Mumps |
| <input type="checkbox"/> Sinusitis / Bronchitis | <input type="checkbox"/> Bleeding/ Clotting Disorders | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma/Respiratory |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Allergies
(food/animal/medicine): |
| <input type="checkbox"/> Other: _____ | | |

Subject to:

- Sleep Walking
- Fainting
- Nose Bleeds
- Other: _____

Does Student:

- Wear Contact Lenses
- Have up-to-date immunizations
- Date of last tetanus shot: _____
- Other: _____

Please list any medication (and dosage) taken regularly and any other pertinent information/details/serious illness/etc. to share:

Physician Name: _____ Phone Number: _____

Insurance

Policy Holder Name: _____ Name of Insurance Company: _____

Member ID #: _____ Group #: _____

IMPORTANT | THE INFORMATION BELOW MUST BE SIGNED

The **Health History** is correct so far as I know, herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization- I hereby give permission to medical personnel selected by Athens First United Methodist Church's staff or church leaders to order X-rays, routine tests and treatment for my child that he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health professional selected by the Athens First United Methodist Church (AFUMC) staff or church leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or health coverage insurance company. I will pay for any medical expenses so incurred. I will give written notification to the church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for AFUMC staff or church leaders to restrict my child from participation in any activity, which they have any questions about for health or other reasons.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Athens First United Methodist Church for the calendar year August 2017-July 2018. I fully release Athens First United Methodist Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted, in our behalf against said church, representatives, or staff.

I, the parent or guardian of _____ **Student's Name** _____, do hereby authorize my child to participate in the mission trip programs and youth activities of AFUMC. I understand that my child, by participating in the international or domestic mission trip and activities will be transported and/or accompanied by youth adult volunteers and paid staff outside of the Athens area to another city, state or country. Therefore, I give the adult volunteers and paid staff permission to transport and/or accompany my child to said location in order to participate in this mission trip and activities in the August 2017-July 2018 year.

Parent/Guardian Signature

Date

Photo Release—I grant permission to Athens First United Methodist Church to take and use photographs of me or my child for use in church-related publications such as brochures and newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the AFUMC web sites, social media, or other electronic forms or media, and to offer them for use or distribution in publications outside AFUMC, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Athens First United Methodist Church and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Parent/Guardian Signature

Date