

East Hill Youth Ministry Medical Form

912 Miccosukee Road Tallahassee, FL 32308

(850) 224-9911

(Please include a copy of participant's insurance card with the medical form)

Name _____ Age _____ Birthday _____

Address _____ City _____ St _____ Zip _____

In case of an emergency notify:

(1) _____ Phone _____ (Work) _____ (Cell) _____

(2) _____ Phone _____ (Work) _____ (Cell) _____

Family Physician _____ Phone () _____

Family Insurance Co. _____ Policy # _____

Immunizations: ___ Tetanus ___ Polio Booster ___ Measles ___ Mumps ___ Hepatitis

Blood Type _____

PAST MEDICAL HISTORY

(CHECK GIVING APPROIATE INFORMATION)

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Heart Trouble ___ Diabetes

___ Dizziness ___ Stomach Upset ___ Hay Fever ___ Headaches

Allergies: (PLEASE NOTE THE REACTION TO THE ALLERGY)

Food _____

Penicillin or other drug (name) _____

Insect Stings/Bites _____

Poison sumac, oak, or ivy _____

Contrast (Dye used for MRI, CT scans, etc.) _____

Other:

Previous operations or serious illness _____

Any current medications you are taking (list) _____

Special Diet: (Name) _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other

Medical equipment used: ___ Nebulizer ___ Insulin Pump ___ CPAP Mask ___ Therapy Devices
___ Other

PERMISSION FOR MEDICAL TREATMENT, PHOTOGRAPH/VIDEO NOTICE AND RELEASE AND INDEMNITY

- I hereby grant permission for my child, to participate in events or trips away from the church or out of the Tallahassee area. I understand that my child will be participating in activities that will be supervised by the East Hill Student Minister (**Kyle Loomis**) or adult(s) present . Furthermore, I understand, as with any event, my child could incur minor, serious or fatal injuries while attending this activity or event and I grant permission for the East Hill Student Minister (**Kyle Loomis**) or adult(s) present to administer and or seek necessary medical attention and or take my child to an emergency room or medical facility for medical treatment.
- I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.
- Also, I do hereby release and forever discharge East Hill Baptist Church and their employees from any and all claims, demands, actions or causes of action, past, present or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify East Hill Baptist Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by East Hill Baptist Church.
- I, the undersigned, do hereby verify that the above information is correct.

PLEASE COMPLETE AND SIGN BELOW
(YOUTH UNDER 18 YEARS OF AGE REQUIRE PARENT/CUSTODIAL SIGNATURE)

Participant Signature: _____ Date _____

Parent or custodial Signature: _____ Phone _____ Date _____

NOTARY ACKNOWLEDGEMENT (Notary please affix seal to form.)

State of _____ }
County of _____ }

Personally appeared before me, _____ with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this ____ day of _____, 20__.

Notary signature: _____

My commission expires: _____