



Health Form

Bearden United Methodist Church

Contact Information:

Participant Name: _____ Birth Date: _____
Gender: _____ Age: _____ Grade (if summer event, grade in fall): _____ Shirt Size: _____
Cell Phone: (____) _____ Email: _____ Text: YES NO

Parent/Guardian/Spouse: _____ Cell Phone: (____) _____
Address: _____ Home Phone: (____) _____
City: _____ State: _____ Zip: _____ Email: _____

Emergency Information:

Second Parent/Guardian: _____ Cell Phone: (____) _____
Work Phone: (____) _____ Home Phone: (____) _____

Emergency Contact: _____ Cell Phone: (____) _____
Relationship to Participant: _____ Home Phone: (____) _____

Participant's Physician: _____ Phone: (____) _____

Insurance Information:

Insurance Company: _____ Policy #: _____
Insurance Subscriber's Name: _____ ID #: _____
Subscriber's Date of Birth: _____ Pre-Authorization Phone: _____
Insurance Claims Address: _____

A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD MUST BE STAPLED TO THIS FORM

Health Information:

Has the participant ever had the following? Answer Yes or No. If yes, include date.

Chicken Pox: _____ Measles: _____ Mumps: _____ Convulsions: _____
Ear Infections: _____ Bleeding Disorders: _____ Frequent Headaches: _____
Diabetes: _____ ADD/ADHD: _____ Major Operations: _____
Serious Injuries: _____ Sleep Disorders: _____

Has the participant ever had an allergic reaction to: (describe)

Insect Stings: _____ Ivy Poisoning: _____
Penicillin: _____ Other Drugs: _____
Hay Fever: _____ Foods: _____
Other Allergies: _____

Does the participant have other special considerations?

Chronic Problems: _____ Orthodontic Braces: _____
Emotional or behavioral problems: _____
Special Diet: _____
Limited Activities: _____

Immunization History (Give date of most recent immunization or booster)

Tetanus: _____ Tetanus Booster: _____ Polio: _____

Mumps: _____ Measles: _____ Rubella: _____

DPT: _____ Hepatitis B: _____ Hepatitis A: _____

Tuberculin Test: _____ Other: _____

Over-the-counter Medications – By checking the appropriate line, I DO NOT give permission for the participant to receive the following over-the-counter medications.

Symptom	Medication
Headache, Fever	Acetaminophen (Tylenol) _____
Cramps, Muscle Pain, Inflammation	Ibuprofen _____
Upset Stomach	Mylanta _____
Diarrhea	Imodium Liquid _____
Allergic Reactions	Benadryl _____
Sore Throat	Sore Throat Lozenge _____
Congestion	Decongestant Medication (Oral) _____
Sneezing, Itching	Antihistamines (Oral) _____
Itching (Rash)	Hydrocortisone Cream _____
Insect Sting	Insect Bite Relief ointment _____
Mosquito Protection	Spray containing DEET _____
Sun Burn Protection	Sunscreen spray or lotion _____

With specific parental authorization, no oral medications will be given that are not listed here. List other medications in which the participant should not have:

FILL OUT PRESCRIPTION MEDICATION FORM AND SIGN WITH YOUTH DIRECTOR. (Page 3)

This health history is correct so far as I know.

In signing this authorization, I acknowledge that I have read the event description and am aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury, and even death. In consideration for being permitted to participate in this event, I agree to assume all such risks and hereby release and discharge the Holston Conference of the United Methodist Church, its affiliated agencies, officers, sponsors, trustees, employees, agents, and other aids and/or volunteers from any and all liability for any and all damages, loss, injury, and death of every kind and nature whatsoever which in any way arises out of the participant's participation in this event.

The participant has permission to engage in all prescribed event activities except as noted: _____

I hereby give permission to the event staff to provide routine health care, administer prescription drugs, and seek emergency medical treatment including ordering X-rays and/or routine tests. In the event, that I cannot be reached in an emergency, I hereby give permission to the physician selected by an event adult leader to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me/or my child as named above.

I give permission for me/my child to be transported in a private vehicle if necessary.

I give permission for photographs taken of me/or my child to be used for Holston Conference UMC and Bearden UMC publicity, printed or electronic.

Signature of parent/guardian or adult participant: _____ Date: _____

This form may be photocopied for use off of event site.

_____ TO BE COMPLETED BY NOTARY _____

STATE OF _____ COUNTY OF _____

I, _____, notary public in and for said county in said State, hereby certify that _____, whose name is signed to the foregoing conveyance, he executed the same voluntarily on the day the same bears date.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of _____

Printed Name: _____

Commission Expires: _____

SEAL:

