

HEALTH HISTORY

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Heart Defect / Disease | <input type="checkbox"/> Blood Disorders |
| <input type="checkbox"/> Psychiatric Treatment | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Gastrointestinal Issues |
| <input type="checkbox"/> Seizures / Convulsions | |

• Most recent _____

• Medications _____

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Diabetes | | |
| • Glucose testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • On insulin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Asthma | | |
| • Use of inhaler? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Self-administration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other conditions not listed above

Please explain: _____

MEDICATIONS

Please list any medications taken routinely, along with the dosage and frequency.

Medicine 1 _____

Medicine 2 _____

Medicine 3 _____

ALLERGIES

Please be as specific as possible

- Insect Stings / Reactions _____
- Food Allergies / Reactions _____

Medication Allergies _____

- Prescribed EpiPen
- Can student self-administer EpiPen? Yes No

OVER-THE-COUNTER MEDICINES

Do we have your permission to give your student Acetaminophen or Ibuprofen according to the prescribed dosages listed on the bottle if they complain of minor headaches, cramps, or other aches / pains?

- Yes No

OTHER MEDICAL INFORMATION

Basic first aid will be administered as needed, unless noted by the parent. Please explain below if you wish to decline.

Does your student wear: Glasses Contact Lenses

Date of last tetanus shot _____

Approximate Height _____ Approximate Weight _____

Please explain if this student's activities should be restricted for any reason _____

PARENTAL CONSENT & WAIVER

I / We the undersigned have legal custody of the student named above, a minor, and have given our consent for him / her to attend events organized by Mission Church (hereinafter the "Church"). I / We understand that there are inherent risks involved in any activity (typical Mission Students activities include, but are not limited to youth group games, gagaball, kickball, other similar activities, and occasional swimming) and participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While adherence to particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my / our student's participation. I / we hereby release the Church, its leaders, employees, agents, and volunteer workers from any and all liability for any injury, illness, disability, loss, death, or damage to person or property that may occur during the course of my / our student's transportation to and from the event (if provided by Mission Church) and their involvement in it. In the event that he / she is injured and requires the attention of a medical professional, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Mission Church and its staff of any liability against personal losses of named student. Every effort will be made to ensure the safety of your student; however, accidents and injuries may occur even when precautions are taken. In the event treatment is required from a physician and / or hospital personnel designated by the Church, I / we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my health insurance provider.

I also agree to place my student in the care of Mission Church's staff and volunteers, understanding that my student is subject to the Church's rules and regulations. I understand that, if my student fails to adhere to any verbal or written rules, the staff and volunteers reserve the right to send my student home and not refund any money that may have been collected for an activity.

I give my permission for any photographs or video taken of my student in conjunction with Mission Church to be used in any highlight presentations, Sunday morning worship services, and / or future promotional materials.

Privacy Policy

Mission Church values your privacy and will not sell, rent, or otherwise give out your personal information (including photographs or videos of your student) for use outside of Mission Church purposes.

Parent / Guardian Signature _____ Date _____