



G04Word Health Form

Please print using ink:

School _____ Today's Date _____

Name of Student _____ Date of Birth _____

Address _____

City _____

State _____ Zip _____

Phone _____ Sex _____ Height _____ Weight _____

EMERGENCY CONTACT PERSON

Parent/Guardian Name _____

Address (if different that student) _____

City _____ State _____ Zip _____

Phone (Home) _____ Mobil _____

ALTERNATE CONTACT PERSON

Parent/Guardian Name _____

Address (if different that student) _____

City _____ State _____ Zip _____

Phone (Home) _____ Mobil _____

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/trip

Do you have Health Insurance? YES NO

Insurance Company Name _____

Policy Holder's Name _____

Policy Number _____

Family Doctor _____ City _____ Zip _____

If your child should require medical attention for injuries received or illness contracted prior to activity/trip please use the necessary information to give him/her proper medical care during his/her time with the GO4Word activity/trip

HEALTH HISTORY

Any pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any allergies _____

Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma _____ Insect Stings _____

Epileps/Nervous Disorder _____ Frequent Stomach Upset _____ Physical Handicap _____

Any major illness in the past year? _____



If any of the above are checked, please give details (i.e. Include normal treatment of allergic reactions)

Date of last Tetanus shot _____ Contact Lenses _____

Any swimming restrictions YES _____ NO _____ Explain _____

Any activity restrictions YES _____ NO _____ Explain _____

PARENT PERMISSION AND MEDICAL LIABILITY RELEASE STATEMENT

As parent/legal guardian of _____ I have reviewed the information about the youth ministry activity/event and give my permission for the subject of this release to be involved in the overall activities connected with the event.

I have reviewed the rules of the activity and agree that the subject will abide by them. I also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my expense.

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as determined.

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

I understand all reasonable safety precautions will be taken at all times by GO4Word, Inc., and its agents during events and activities. I understand the possibility of unforeseen hazards, and know the inherent possibility of risk. I agree not to hold GO4Word, Inc., its leaders, its employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

MEDIA RELEASE

I hereby grant permission to GO4Word, Inc. the right to use, reproduce, and/or distribute any photographs, film, video tapes, and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of GO4Word, Inc.

BEHAVIOR AGREEMENT

I understand that illegal or immoral activities, or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include, but not be limited to: the possession and/or the use of drugs, alcohol, weapons; sex outside the marriage relationship; stealing; fighting; etc.) GO4Word, Inc. will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participants are sent home.

MEDICATION INFORMATION

Any medication brought to a GO4Word, Inc. activity/event must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued. (With medical instructions, dosage information, etc.)

Parent/Guardian Signature _____ Date _____

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