

Health Information Form for the year 20____

Delaney Street Baptist Church

Student Ministries (Grades 6th - 12th)

Name _____ Birthday _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ - _____ - _____ Household email _____

Father's Name _____ Father's email _____
 Father's phones: Home _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____

Mother's Name _____ Mother's email _____
 Mother's phones: Home _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____

Student's Cell _____ - _____ - _____ Student's email _____
 School Name _____ Student's Social Media Facebook Instagram
 Student lives with Both Parents Mother Only Father Only Shared Custody Other _____
 High School Graduation Year _____

Alternate Emergency Contact _____ Relationship _____
 Alternate's phones: Home _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____

Medical Insurance Carrier _____ Policy # _____ Group # _____
 Carrier Address _____ City _____ State _____ Zip _____

Name of Insured person _____ Insured's Date of Birth _____
 Insured's Employer _____ Insured's Social Security # _____

Family Physician _____ Phone _____ - _____ - _____
 Dentist/Orthodontist _____ Phone _____ - _____ - _____

Health History and Allergies (check each one that applies and give approximate dates where applicable)

<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Poison Ivy
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Seizures	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Tourette Syndrome	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles/Mumps	<input type="checkbox"/> Penicillin

Other Allergies or Dietary Restrictions _____

Chronic, recurring illness or medical conditions, including mental illness (depression, anxiety, etc.) _____

Current Medications (prescription, over the counter or herbal)

Medication _____	Dosage _____	Reason for taking _____
Medication _____	Dosage _____	Reason for taking _____
Medication _____	Dosage _____	Reason for taking _____
Medication _____	Dosage _____	Reason for taking _____

Are all immunizations current? Yes No If no, why? _____

Any other information you feel the leaders should know in advance about your student _____

Parent(s)/Guardian Signature _____ Date _____
 Student's Signature _____ Date _____

WAIT.... There's more on the other side!

Health Information /Authorization Form for the year 20____
Delaney Street Baptist Church
Student Ministries (Grades 6th - 12th)

I (We) acknowledge that my child's participation in Delaney Baptist church Student Ministries is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Delaney Baptist Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Delaney Baptist Church program activities, I (we) agree to the following:

Delaney Baptist Church is not responsible for the loss or theft of personal belongings. Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

I understand and authorize that my child's image may be photographed or filmed and used in Delaney video presentations, printed publications, the website, and/or the annual photo directory.

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

- A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Delaney Church's Youth activities, the following person, or entities: Delaney Baptist Church, it's Senior Pastor and Associate Pastors, Leadership Team, employees, volunteers, representatives, subcontractors and agents of any of the above;
- B) **I agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Delaney, Delaney staff or volunteers, and;
- C) **I indemnify and hold harmless** the person or entities mentioned above from any claims made liabilities assessed against them as a result of my child's actions, **I hereby assume the risks of my child participating in all Delaney Baptist Church Student Ministries events.**

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Delaney Baptist Church's representative(s) to provide the needed emergency treatment to the student prior to his/her admission to a medical facility.

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine, or over the counter antacids as needed.

For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders
- No lighting, weapons, fireworks, explosives
- Participation with the group expected
- No boys in girl's sleeping quarters & visa versa
- No Two-piece swim suits or Guys' Speedos
- No students permitted to drive for events
- No offensive or immodest clothing
- Respect and comply with event schedules
- No lighters permitted
- Respect property
- No alcohol, drugs, tobacco

Failure to comply with these expectations could result in your child being sent home at your expense. My child has permission to attend all church sponsored youth activities as listed in calendars, on website and/or in emails, including, but not limited to the following: cook-outs, boating, skiing, swimming, basketball, skating, rollerblading, games in the park, soccer, paintball, broomball, skateboarding, volleyball, softball, baseball, camping, ropes course, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, etc. **Note: if it is your desire to limit your child's participation in any event, please submit your wishes in writing to Delaney Street Baptist Church, prior to that event.**

Parent(s)/Guardian Signature _____ Date _____
Student's Signature _____ Date _____