

ATHENS FIRST UNITED METHODIST CHURCH YOUTH MINISTRY

Health History and Examination Form for 2009

Name: _____ Birthdate: _____ Age: _____ Sex: _____
Last First Middle

Address: _____ Social Security #: _____
(Street, City, Zip Code)

Father's Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____
(Street, City, Zip Code)

Mother's Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____
(Street, City, Zip Code)

In Emergency Notify: _____
(If Parent or Guardian cannot be located)

Address: _____ Phone: _____

HEALTH HISTORY

Diseases and Allergies: Check those that apply; if yes give full details. Attach additional sheet if necessary.

- | | | |
|---|---|---|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Colds/Sore Throats | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Sinusitis/ Bronchitis | <input type="checkbox"/> Measles | <input type="checkbox"/> Hay Fever, etc. |
| <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Mumps | <input type="checkbox"/> Poison Ivy/ Oak/ Sumac |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> German Measles | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Heart Defect/ Disease | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Epilepsy/ Convulsions | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Bleeding/ Clotting Disorders | <input type="checkbox"/> Polio | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food: |

Subject to:

- Sleep Walking Nose Bleeds
 Fainting

Other Diseases or Details of Above: _____

Do you wear Contact Lenses? _____ Recent Illness or Exposure to Contagious Disease? _____

Operations or Serious Injuries (describe & give details) _____

Are Immunizations up to date? _____ Date of Last Tetanus Shot _____

List any medication or drugs taken regularly (presently or recently) _____

Any Specific Activities to be Restricted? _____

Physician Name: _____

Address: _____ Phone: _____

INSURANCE

Name of Insured: _____

Name of Insurance Company: _____ Subscriber ID/Policy #: _____

Group #: _____ Preauthorization Phone #: _____

Address of Insurance Co.: _____

Street or Box

City

State

Zip

IMPORTANT- THE INFORMATION BELOW MUST BE COMPLETED FOR ATTENDANCE

The Health History is correct so far as I know, herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization- I hereby give permission to medical personnel selected by Athens First United Methodist Church's staff or church leaders to order X-rays, routine tests and treatment for my child that he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health professional selected by the AFUMC staff or church leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or health coverage insurance company. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for AFUMC staff or church leaders to restrict my child from participation in any activity, which they have any questions about for health or other reasons.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Athens First United Methodist Church for the calendar year 2009. I fully release Athens First United Methodist Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted, in our behalf against said church, representatives, or staff.

Signature of Parent or Guardian _____
Date

PHOTO RELEASE

I grant permission to Athens First United Methodist Church (AFUMC) to take and use photographs of me for use in church-related publications such as brochures and newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the AFUMC web sites or other electronic forms or media, and to offer them for use or distribution in publications outside AFUMC, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Athens First United Methodist Church and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Name (please print) _____
Signature

Signature of guardian if under 18 years of age



Notary Signature _____
Date

Witness Signature _____
Date