

Medical History Form for Fellowship Baptist Church

Name _____ Birthdate _____ Age _____ Grade _____
Last First

Parent or Legal Guardian _____ Phone _____

Home Address _____
Number/Street City Zip

In Emergency Notify: _____ Phone _____
Name/Relationship

_____ Phone _____
Name/Relationship

_____ Phone _____
Name/Relationship

Health History (check, giving approximate dates)

<input type="checkbox"/> Measles	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Major Surgery
<input type="checkbox"/> German Measles	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Major Accidents
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Orthopedic Defects
<input type="checkbox"/> Mumps	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Menstrual Disorder
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Head Injury	
<input type="checkbox"/> Psychological/Mental Disorder		
<input type="checkbox"/> Other _____		

Exposure to contagious disease in past two weeks? _____
 Date of last dental check-up _____

Minor Subject to (check)

<input type="checkbox"/> Convulsions	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Colds
<input type="checkbox"/> Sore Throats	<input type="checkbox"/> Fainting	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Asthma
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Allergies	<input type="checkbox"/> Stomach Upsets	<input type="checkbox"/> Headaches

Allergic Reactions

Aspirin _____
 Penicillin _____
 Bee Stings _____
 Specific Foods _____
 Other _____

Immunizations (date of last)

Tetanus _____
 Diphtheria _____
 Whooping Cough _____
 Polio _____
 Measles _____
 HIB _____

Other comments pertinent to child's health: _____

Parent's Health Statement (must be signed by parent)

I/We, the undersigned, understand that at Fellowship Baptist Church of Riverside, California, strenuous physical activity, both aquatic and outdoor, are a regular part of any camp session/excursion/trip. To the best of our knowledge, our child _____, is in excellent physical and mental health, and needs no restrictions from strenuous physical activity. If we have any questions regarding our child's health, we understand that it is our obligation to seek professional medical advice and to inform Fellowship Baptist Church of any health problems and restrictions on our child's activities in writing.

Parent/Guardian Signature(s) _____

_____ Date _____
 _____ Date _____

Authorization to Consent to Medical Treatment of Minor

Medical History Form

I/We, the undersigned, parents of _____, a minor, do hereby authorize Fellowship Baptist Church of Riverside, California, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable or necessary by, and is to be rendered under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act of the State of California, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act of the State of California. It is understood and agreed that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required for said minor child, but is given to provide authority and power on the part of our agent, Fellowship Baptist Church, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California, and the undersigned acknowledge that I/we have specifically represented to Fellowship Baptist Church that I/we are the parent(s) or legal guardian(s) of the aforementioned minor, having legal custody of said minor child. This authorization is effective for a period of two (2) years from the date said authorization is signed.

I give my full consent for my child to attend any event sponsored by Fellowship Baptist Church. I also agree not to hold Fellowship Baptist Church, or its staff and advisors responsible nor liable in any way for accidents or injuries that my child may incur while on an outing away from Fellowship Baptist Church or at an event on the grounds of the church. I also acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct on all such activities.

Signature of parents or legal guardian

Date _____

Date _____

Release/Disclaimer of Liability

I, _____, in consideration of the benefits derived from my participation with Fellowship Baptist Church's activities, games, services, functions, etc., do hereby voluntarily release, acquit and forever discharge Fellowship Baptist Church and its Pastors, Deacons, officers, employees and agents, from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in these activities and functions on Fellowship Baptist Church grounds or places that are traveled to for services, activities, etc.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks, as well as other risks, to me and my property, and I enter into participation in the trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of my participation in any such activity.

No provision of this document shall, in any way, limit my right to make claims against persons other than Fellowship Baptist Church, its Pastors, its Deacons, officers, employees and agents.

Youth's signature

Date _____

Parent's signature if youth is a minor

Date _____

Insurance Carrier: _____
Name Address Phone

Insurance Card Number: _____

Doctor: _____
Name Address Phone

Special medical attention or treatment of said minor child not previously mentioned: _____

Please complete this form in its entirety

(See reverse side)