

MAD4Christ Glory Baptist Church Youth Group
Health Information Form and Release of Claims, Waiver of Liability and
Indemnification Agreement Grades 7th-12th Effective September 2019 to
September 2020

Student's Name _____ Birthday ____/____/____

Address _____ City _____ State _____ Zip _____

Student's Email _____ Students Cell (____)-____-_____

Home Phone (____)-____-_____ Household Email _____

Fathers Name _____ Fathers Email _____

Fathers Info Home(____)-____-_____ Cell (____)-____-_____ Work(____)-____-_____

Mothers Name _____ Mothers Email _____

Mothers Info Home(____)-____-_____ Cell(____)-____-_____ Work(____)-____-_____

Name of School _____ Does student have Facebook _____

Current Grade of Student _____ Projected Graduation Year _____

Student Lives with (Circle) Both Parents, Mother, Father, Shared Custody, Other _____

Name of Emergency Contact (outside immediate family) _____

Relationship _____ Best Phone # for emergency contact person (____)-____-_____

Medical Insurance Carrier _____ Policy # _____

Group # _____ Carrier Address _____

Name of Insured Person _____ Date of Birth of Insured Person _____

Insured's Place of Employment _____

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Health History (Check. Give Approximate Dates)

Frequent Ear Infections _____ Diabetes _____ Bleeding Disorders _____

Heart Defect/Disease _____ Asthma _____ Mononucleosis _____

Seizures _____ ADD/ADHD _____ Downs Syn _____

Tourette's Syn _____ Chicken Pox _____ Measles/Mumps _____

Other Chronic/recurring illness/medical condition including mental illness (depression, anxiety, fetal alcohol, etc.)

Allergies:

Hay Fever _____ Penicillin _____ Insect Stings _____

Food(specify) _____ Drug(specify) _____

Others _____

Dietary Restrictions _____

Current Medications (List prescriptions, OTC & Herbal)

Medication Name _____ Dosage _____ Reason for taking _____

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

Blood Type _____ Are all immunizations current? (MMR, tetanus every 10 yrs, hepatitis) _____

I give my permission to the staff to administer over the counter medications as needed. I give my permission to the staff to use the information provided to any health care provider, hospital or other health care facility in connection with the provision of medical care to my teen as it relates to MAD4Christ or Glory Baptist Church activities.

Parent(s)/Guardian Signature _____ Date _____

Students Signature _____ Date _____