HEALTH HISTORY FORM/RELEASE FROM ALL CLAIMS – ASYCO-2019

**Church Worship and Music Department Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­**

### Kentucky Baptist Convention

# 13420 Eastpoint Centre Drive

# Louisville, KY 40223-4160

Name Birthdate Age Gender

Last First Middle

Parent/Guardian or Spouse Home Phone

Address Work Phone

Street & Number City State Zip

In Emergency Notify Address Phone

Dates of Kentucky Baptist All-State Youth Choir and/or Orchestra Tour June 19-23, 2019

**HEALTH HISTORY** (Check – Give approximate dates)

|  |  |  |
| --- | --- | --- |
|  | Disease | Allergies\* If yes, please give full details |
| Frequent Ear Infections | Chicken Pox | Hay Fever, Etc. |
| Frequent Colds/Sore Throats | Measles | Poison Ivy/Oak/Sumac |
| Sinusitis/Bronchitis | Mumps | Insect Stings |
| Strep Throat | German Measles | Penicillin |
| Mononucleosis | Whooping Cough | Aspirin |
| Heart Defect/Disease | Tuberculosis | Other |
| Epilepsy/Convulsions | Polio | Food |
| Bleeding/Clotting Disorders | Diabetes | SUBJECT TO Sleep Walking |
| Hypertension | Asthma | Bedwetting Fainting |
| Stomach Problems | Arthritis | Constipation Other |

Other Diseases or Details of Above

Recent Exposure to Contagious Disease

Operations or Serious Injuries (describe & give dates)

Are Immunizations up-to-date? If no, explain

Date of Last Tetanus Shot Date of Last TB Skin Test

Any Swimming or Activity Limitations?

Any Special Medical or Dietary Regimen to be Continued?

Any Specific Activities to be Encouraged? Restricted?

Name of Family Physician Address & Phone

Suggestions for All-State Youth Choir and/or Orchestra Personnel

**IMPORTANT – THE INFORMATION BELOW MUST BE COMPLETED FOR ATTENDANCE**

**Emergency Authorization/Release of All Claims** – I hereby give permission to the medical personnel selected by an adult leader of the Kentucky Baptist All-State Youth Choir and/or Orchestra or his/her designee to order X-rays, routine tests and treatment for my child. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by an adult leader of the Kentucky Baptist All-State Youth Choir and/or Orchestra or his/her designee to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health insurance company.

**MEDICAL INSURANCE**

Insurance issued in the name of:

Address of insured:

Street or Box City State Zip

Is this coverage for a dependent?

If so, give name of dependent: Relationship

Name of Insurance Company:

Address of Insurance Company:

Street or Box City State Zip

Telephone Number: Policy Number:

**(Please verify accuracy of insurance information – Insurance carrier’s address is essential.)**

The **Health History** is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. **\*\*\*Participant’s Health: Participant or his/her parent or guardian certifies Participant is physically, mentally, psychologically and emotionally capable of participating in all activities.\*\*\***

Signature of Parent/Guardian

**\*\*\*A copy of the front and back of the appropriate insurance card MUST BE ATTACHED\*\*\***

**RELEASE OF ALL CLAIMS**

I do hereby release from all claims and forever hold harmless the directors, officers, agents and employees of the Kentucky Baptist Convention, from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature incurred by my child while participating in the activities of the Kentucky Baptist All-State Youth Choir and/or Orchestra.

I also assume personal responsibility for all medical bills for my child. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I hereby assume responsibility for all transportation costs.

Signature of Parent/Guardian Witness Date

I understand and agree to abide by the restrictions placed on my activities by my parent/guardian.

Signature of Child/Youth Participant Witness Date

**Authorization for the Administration of Prescription Medication**

I hereby give permission to an adult leader of the Kentucky Baptist All-State Youth Choir and/or Orchestra or his/her designee to keep and administer all **prescription medications** for my child. I understand that all **prescription medications** **MUST** **be** accompanied by instructions from a physician regarding proper administration.

**Authorization for the Administration of Non-Prescription Medication**

I hereby give permission to an adult leader of the Kentucky Baptist State Youth Choir and/or Orchestra or his/her designee to keep and administer all **non-prescription medications** for my child.

**\*\*\*Instructions for giving my child medication:**

**1. Name of medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Dosage to be given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Time of day for dosage\_\_\_\_\_\_\_\_\_\_\_ 4. Method of administration (e.g., oral, nasal, external, injection)\_\_\_\_\_\_\_\_\_**

**5. Special instructions (e.g., take on empty stomach)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If more than one medication please attach to this form)**

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Signature of Parent/Guardian Date

The following is a list of **non-prescription medications** which I **DO NOT** want administered to my child:

Signature of Parent/Guardian Date

**Participant Model Release**

By signing this document the participant hereby gives the Kentucky Baptist Convention, its licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use the participant’s name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant’s voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to hold harmless the Kentucky Baptist Convention, its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

**Please sign below (not valid without signatures):**

Signature of Participant Date

Signature of Parent/Guardian Date

STATE OF

COUNTY OF

Notary Public

My Commission expires

02/11/2019