

Timberwood Church Health Information Form
Student Ministries (Grades 6th-12th)
Effective: January 2017-January 2018

Name: _____ Birthday: ___ / ___ / ___ Male Female

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ - _____ Household Email: _____

Father's Name: _____ Father's Email: _____

Father's Phone: (Cell) _____ (Work) _____

Mother's Name: _____ Mother's Email: _____

Mother's Phone: (Cell) _____ (Work) _____

Student lives with: Both parents Mother only Father only Shared custody Other: _____

Alternate Emergency Contact: _____

Relationship: _____

Phone: (Home) _____ - _____ Phone: (Cell) _____ - _____ Phone: (Work) _____ - _____

Medical insurance carrier: _____

Policy#: _____ Group#: _____

Carrier address: _____

Name of insured person: _____ Date of birth of insured person: _____

Insured person's place of employment: _____

Name of family physician: _____ Phone: _____

Health History: (Check. Give approximate dates)

___ Frequent Ear Infections ___ Diabetes ___ Bleeding Disorders _____ Seizures ___ Tourettes

___ Heart Defect/Disease ___ Asthma ___ Mononucleosis _____ ADD/ADHD

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

List any Allergies: _____

Current medications: (List both prescription, OTC & herbal)

Medication name: _____ Dosage: _____ Reason for taking: _____

Medication name: _____ Dosage: _____ Reason for taking: _____

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

Are all immunizations current? (MMR, tetanus-every 10 years, hepatitis) Yes No

Parent(s)/guardian signature _____ Date _____

Student's signature _____ Date _____

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Initial

I (We) acknowledge that my child's participation in Timberwood 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 Timberwood 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 Timberwood Church youth program activities, I (we) agree to the following:

Initial

Timberwood Church is not responsible for the loss or theft of personal belongings.

Initial

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.

Initial

I understand and authorize that my child's image may be photographed or filmed and used in Timberwood video presentations, printed publications, and website.

Initial

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 Timberwood Church's Youth activities, the following person, or entities: Timberwood 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 Timberwood, Timberwood staff or volunteers and: c) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Timberwood Church Student Ministries.**

Initial

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.

Initial

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 Timberwood Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial

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

Initial

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 and/or Timberwood website, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Timberwood Church **prior to that event.***

Student Initial

Parent(s)/ guardian signature _____

Student's signature _____