

FHC YOUTH YEARLY MEDICAL RELEASE FORM

STUDENT INFORMATION

Student's Last name	First name	Birthday (month/day/year)
---------------------	------------	---------------------------

Address _____

City	State	Zip Code
------	-------	----------

Home phone number	Cell phone number
-------------------	-------------------

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name	Phone number
------------------------	--------------

Contact this person in case of emergency (must be 18 years of age or older)

Name	Phone number
------	--------------

STUDENT MEDICAL RELEASE FORM

Name of Minor _____ Date of Birth(Month/Day/Year) _____
Address _____ City _____ State ____ Zip _____
Name of Parent or Guardian: _____
Home Phone () _____ Work Phone() _____
If unable to contact parent or guardian, please call:
Name _____ Relation: _____ Phone () _____
Insurance Co.: _____ Policy No. _____ Group No. _____
Name of Physician: _____

The above-named minor has my permission to attend and participate in Florida Hospital Church Youth outings/events. I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the supervising members to act on my behalf in administering emergency medical treatment including hospitalization, anesthesia, surgery, or injections of medication for accident or illness as necessary to, during, and from this outing/event.

I hereby voluntarily waive any claim against the leaders and sponsoring institution for any and all causes which may arise in connection with this activity. I also certify that, to the best of my knowledge, the minor named above is physically fit to engage in the activity described above.

Signature of parent or guardian

Date

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies:

Food Yes_____ No_____

Medicines Yes_____ No_____

Insects, plants Yes_____ No_____

Animals Yes_____ No_____

Explain: _____

General Information - have or subject to:

Asthma Yes_____ No_____

Cancer / leukemia Yes_____ No_____

Convulsions/seizure Yes_____ No_____

Diabetes Yes_____ No_____

Heart trouble Yes_____ No_____

Hemophilia Yes_____ No_____

High blood pressure Yes_____ No_____

Kidney disease Yes_____ No_____

Any condition that may require special care,
medication, or diet Yes_____ No_____

Explain: _____

List any medications to be taken:

List any physical or behavioral conditions that
may affect or limit full participation in
swimming, backpacking, hiking long distances,
or playing strenuous physical games:

List equipment needed such as wheelchair,
braces, glasses, contact lenses, etc: _____

Have difficulty with:

Eyes, ears, nose, throat Yes_____ No_____

Digestion Yes_____ No_____

Bed-wetting Yes_____ No_____

Lungs Yes_____ No_____

Sleepwalking Yes_____ No_____

Explain: _____

Immunizations up to date:

Tetanus toxoid Yes_____ No_____

Measles Yes_____ No_____

Polio Yes_____ No_____

Diphtheria Yes_____ No_____

Mumps Yes_____ No_____

Pertussis Yes_____ No_____

Rubella Yes_____ No_____

Explain: _____

MEDIA RELEASE FORM

I hereby give my permission to the Florida Hospital Church to photograph, videotape, or otherwise record my name, voice and/or person. I understand that these recordings of me will only be used on a continuing basis for noncommercial, promotional purposes, which may include open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside the State of Florida.

I understand that there will be no financial or other compensation for recording me, either for initial or later transmission or playback. I also understand that the Florida Hospital Church is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury received as a result. The Florida Hospital Church may also use my name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Name of child (please print)

Signature of parent/guardian

Address

City

State

Zip Code