

**MEDICAL HISTORY FORM FOR FIRST BAPTIST CHURCH RIVERSIDE DBA
CHURCH ON THE HILL**

Name _____ D.o.B. _____ Age _____ Grade _____

Parent/Legal Guardian _____ Phone _____

Home Address _____ City _____

In emergency, notify: _____ Phone _____

_____ Phone _____

Health History (Check, give approximate dates)

Please list any medical/

- | | | |
|---|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Surgery (major) |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Accidents (major) |
| <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 health disorder/ diagnosis |
| <input type="checkbox"/> Other _____ | | |

Nor, Subject to: (Check)

- | | | | |
|---|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Colds |
| <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Fainting | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Allergies | <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Headache |

Allergic Reactions: (Check)

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

Immunizations (Dates of Last) _____

- _____ Tetanus
- _____ Diphtheria
- _____ Whooping Cough
- _____ Polio
- _____ Measles

Other comments pertinent to child's health: _____

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

I/We, the undersigned, understand that at First Baptist Church of Riverside DBA Church on the Hill (herein called the church) in Riverside, CA, 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 the church, in writing, of any health problems and restrictions on our child's activities.

Signature _____

Date _____

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR
MEDICAL HISTORY FORM**

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize the church in Riverside, CA, 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 advise of a physician or surgeon licensed under the provision 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 provision 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, the 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 advisable or 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 the 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 one (1) year from the date said authorization is signed.

Medical Insurance Carrier: _____

Medical Insurance Card Number: _____

Doctor: _____

Medications Child Currently Takes: _____

I give my full consent for my child to attend any event sponsored by the church. I also agree not to hold the church, staff, nor advisors responsible nor liable in any way for accidents or injuries that my child may incur while on an outing away from the 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 _____

Date _____

Signature _____

Date _____

RELEASE/DISCLAIMER OF LIABILITY

I, _____, in consideration of the benefits derived from my participation with the church's activities, games, services, functions, etc., do hereby voluntarily release, acquit and forever discharge the church and its pastors, 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 the 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.

No provision of this document shall, in any way, limit my right to make claims against persons other than the church, its pastors, officers, employees and agents.

Youth's Signature _____ Date _____