

Job's Daughters International

Bethel No. \_\_\_\_\_ of \_\_\_\_\_, Indiana

Personal Health & Consent Form

The information provided in this form will be used at the discretion of the Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter.

Complete Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Month/Day/Year)

Address \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
(City) (State) (Zip Code)

Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(If different from above)

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(If different from above)

If Parents/Guardians are not available, in an emergency, please notify:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Daughter \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities? \_\_\_\_\_ If so, please list and explain \_\_\_\_\_

Do you have any special instructions for the Bethel Guardian Council regarding your daughter's health care, diet or special needs? \_\_\_\_\_ If so, please list and explain \_\_\_\_\_

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc.? If so, please list, giving type of reaction, treatment given, etc. \_\_\_\_\_

Please list any chronic conditions or recent illnesses of which the Bethel Guardian Council should be aware \_\_\_\_\_

Please specify details of medication or treatment require for the above \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

We the undersigned, parents/guardians of \_\_\_\_\_ do hereby authorize the Bethel Guardian Council and/or Chaperones of Job's Daughters Bethel No. \_\_\_\_\_ of \_\_\_\_\_ Indiana to exercise supervision of our daughter during the time that she is participating in a Job's Daughters event. We hereby release said Bethel Guardian Council and/or its chaperones from any liability caused by our daughter's participation in the event.

By executing this document, the Parent(s) or Legal Guardian of the Daughter named herein expressly consent to any and all medical, dental, or other health care and treatment and grants the limited Power of Attorney to the Guardian Council and Chaperones of Bethel No. \_\_\_\_\_ to consent to any and all such treatment in the same manner as could the Parent(s) or Legal Guardian if physically present. All information relating to said treatment shall be provided to the Guardian Council and Chaperones of Bethel No. \_\_\_\_\_ to the fullest and same extent as though they were the Parent(s) or Legal Guardian of said Daughter named herein. All liability to the providers of such treatment for the provision of service and the disclosure of information about services performed to the Guardian Council and Chaperones of Bethel No. \_\_\_\_\_ performed and disclosed in reliance upon this document is hereby expressly waived. This waiver applies to any and all applicable state or federal laws, rules or regulations relating to Patient Privacy. A copy of this document shall be treated the same as if it were the original. The consents and Waivers contained herein shall be and remain in full force and effect from and after the date of signing until December 31, 20\_\_\_\_\_.

Father/or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_