

*Form J*

## Health History

Calvary Lutheran Church of Golden Valley, 7520 Golden Valley Road, Golden Valley,  
MN 55427

### **Personal information:**

Student name: \_\_\_\_\_  
(Last Name) (First Name)

M/F \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### **Emergency Contact Information:**

Name of family member not on trip:

\_\_\_\_\_

(last)

(first)

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Insurance:**

Custodial Parent(s) or Guardian of student is financially responsible for healthcare provided by Calvary.

Carrier Name: \_\_\_\_\_ Group Policy # \_\_\_\_\_

**It is essential to send a copy (front and back) of insurance card for camper with this document.**

**Medications:**

Student Prescription Medications (must be in original container with doctor's signature).  
Any allergies (including medication) or special dietary needs?

\_\_\_\_\_

Specific Necessary OTC Medications:

Medication Name	Dosage	Time Taken	Reason for Medication
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\_\_\_\_\_

\_\_\_\_\_

Note: All medications on a parent/child trip are to be held by parent/guardian attending and given by same adult to the child.

**Parental Authorization:**

My child has permission to engage in all activities, except as noted:

\_\_\_\_\_

I authorize Calvary to provide routine healthcare, administer prescribed medications and over the counter medication per Calvary standing orders. In the event that I cannot be reached in an emergency, I give permission to transport my child by Calvary vehicle or local ambulance and for the physician selected by Calvary to secure proper treatment for, to hospitalize, and to order injection, anesthesia or surgery for my child as named on this form. I also authorize Calvary to contact Custodial Parent(s) or Guardian in the event of serious injury, severe illness or other incident involving my child. The authority for this decision is with the Healthcare Staff and Calvary personnel.

I hereby certify that the information contained within this Health History document is, as of this date, accurate and complete.

I agree with the conditions detailed on the back of this form and hereby grant permission for my child to attend the above event.

Custodial Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Registrations without this signature cannot be accepted\*\***

**Form J            Health History/ Conditions**

I (We) acknowledge that participation in any and all Calvary programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Calvary Lutheran Church of Golden Valley, MN.

- ◆ Calvary is not responsible for the loss or theft of personal belongings.
- ◆ Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.
- ◆ Participation in Calvary Youth Ministry events or programs is a privilege and this privilege may be denied by Calvary staff when, in their opinion, participation of the youth is disruptive and not keeping with the mission of Calvary.
- ◆ I understand that my child may be photographed and/or filmed and his/her image may be used in video presentations, printed publications, or on Calvary's website. Your child's name will not be published.
- ◆ I hereby take the following action for my child, myself, my executors, administrators, heirs, 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 the events and programs of Calvary Lutheran Church of Golden Valley, the following person, or entities: Calvary Lutheran Church of Golden Valley, MN, its Senior Pastor and Associate Pastors, staff, employees, members, 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 claims or liabilities that I have waived, released or discharged herein; 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 participation in Calvary related activities. I hereby assume the risk of my child participating in all Calvary Lutheran Church ministry activities or programs.
- ◆ 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 release.
- ◆ 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 the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and 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 Calvary Lutheran Church representative to provide needed emergency treatment to the student prior to his/her admission to a medical facility.

