

Event: Connection Point

Date: October 18, 2024

Medical Information

Name: _____ Age: _____ Birth Date: _____

Home Phone: _____ Business Phone: _____

Address: _____ City: _____ P/Code: _____

In Emergency Notify: _____ Phone: _____

Family Doctor: _____ Phone: _____

BC Medical Number: _____

Health History:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous Disorder |
| <input type="checkbox"/> Frequent Stomach Upset | <input type="checkbox"/> Other _____ | | |

**If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions).*

**Date of last tetanus shot: _____*

**Name and dosage of any medications that must be taken: _____*

**Any swimming restrictions? Yes No Any activity restrictions? Yes No*

What restrictions? _____

Authorization to Treat a Minor

In the event I cannot be reached in an emergency, I (we) the undersigned parents or legal guardian, of _____, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Liability Release

Our programs and activities have been designed with your child's safety in mind. However, no activity is without the possibly of unforeseen hazards. Certain activities, such as gym-related sports, skate boarding, team competition, bus trips and other related church activities, have the inherent possibility for risk, therefore, we want to alert parents, guardians and individuals to them. By signing this form, the parents, guardian, or individual agrees to assume and accept all risks and hazards inherent in these activities. They also agree not to hold South Delta Baptist Church and/or its owners, volunteers, members, agents, or employees liable for damages, loss injuries, (including death) to the person(s) or property undersigned. Further, they agree to defend, indemnify and save harmless South Delta Baptist Church from any claim, demand, action, suit, or proceeding. The parents or guardians understand that they are signing for the minor(s) listed on this form and that the signature is for both a medical and liability release.

Parent or Guardian Signature: _____ Date: _____

(Your own signature if you are 19 or over)