

# Women's Retreat Health Form

Please complete for each registrant. Make copies as necessary.

## Medical/Health Information

Registrant \_\_\_\_\_

Birth Date \_\_\_\_\_

Allergy to foods, medications \_\_\_\_\_

Currently under a physician's care for any acute or chronic medical condition? If yes, please explain. \_\_\_\_\_

List any *prescription* medications and their purpose. \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Address \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Please provide month and year of latest occurrence if applicable.

anemia \_\_\_\_\_  appendicitis \_\_\_\_\_

asthma \_\_\_\_\_  bronchitis \_\_\_\_\_

chicken pox \_\_\_\_\_  diabetes \_\_\_\_\_

epilepsy \_\_\_\_\_  frequent colds \_\_\_\_\_

fractures(describe) \_\_\_\_\_

heart trouble \_\_\_\_\_  heart murmur \_\_\_\_\_

HIV \_\_\_\_\_  hepatitis \_\_\_\_\_

kidney trouble \_\_\_\_\_  measles \_\_\_\_\_

mumps \_\_\_\_\_  pneumonia \_\_\_\_\_

rheumatic fever \_\_\_\_\_  scarlet fever \_\_\_\_\_

sinusitis \_\_\_\_\_  sore throats \_\_\_\_\_

tuberculosis \_\_\_\_\_  whooping cough \_\_\_\_\_

Covid \_\_\_\_\_

Please list major operations or serious injuries (describe and give dates): \_\_\_\_\_

Please list immunization dates for the following (or attach a copy of health card):

DPT \_\_\_\_\_ booster diphtheria \_\_\_\_\_

booster tetanus \_\_\_\_\_ smallpox \_\_\_\_\_

typhoid \_\_\_\_\_ tuberculin \_\_\_\_\_

measles \_\_\_\_\_ mumps \_\_\_\_\_

polio vaccine \_\_\_\_\_ other \_\_\_\_\_

What contagious disease(s) has the applicant been exposed to recently? \_\_\_\_\_

Please check any of the following conditions that apply:

vision problems  hearing problems  hernia

fainting  diarrhea  constipation

sleep-walking  bed-wetting

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the experience at event: \_\_\_\_\_

## Emergency Notification

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Authorizations

### Permission for Medical Treatment

The undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

### Photo Release

In consideration of the right of the applicant to participate in this event, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes.

### Activity Consent

I specifically consent to the applicant's participation in this event. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically do **NOT** want the applicant to participate in the following activities: \_\_\_\_\_

### Liability Release

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by the Eastern Great Lakes Mission Center, Community of Christ for participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the camp and the Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of my child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. **Children or youth under 18 years of age must have a legal parent/guardian sign for them below.**

Signature \_\_\_\_\_

Date \_\_\_\_\_