Kentucky Woman's Missionary Union
HEALTH HISTORY FORM / RELEASE FROM ALL CLAIMS
For Children/Adult

(to be filled out by parent or guardian)

13420 Eastpoint Centre Drive, Louisville, KY 40223

Church_____Date of Camp_____
Church Contact Person_____ Day Phone_____Evening Phone_____

Child's Name_____Birthdate_____Age_____Sex_____
Last First Middle

Parent/Guardian or Spouse_____Home Phone_____

Address_____Work Phone_____
Street & Number City State Zip

In Emergency Notify_____Day Phone_____
Evening Phone_____

HEALTH HISTORY

Allergies (Yes or No. If yes, please give full details)

Hay Fever, Etc.	_____	Aspirin	_____
Poison Ivy/Oak/Sumac	_____	Food	_____
Insect Stings	_____	Other	_____
Penicillin	_____		

Name of Family Physician_____Phone #_____

MEDICAL INSURANCE

Insurance issued in the name of: _____

Address of insured:_____
Street or Box City State Zip

Is this coverage for a dependent?_____

If so, give name of dependent:_____Relationship_____

Name of Insurance Company:_____

Address of Insurance Company:_____
Street or Box City State Zip

Phone #:_____ Policy #:_____

Parent / Guardian and Camper must sign the back of this form! 9/15

No. 1 **Emergency Authorization**

I hereby give permission to the medical personnel selected by the GA JAM Director or his/her designee to order X-rays, routine tests and treatment for my child. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the GA JAM Director or his/her designee to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

No. 2 **Release From All Claims**

I do hereby release from all claims and forever hold harmless the directors, officers, agents and employees of the Kentucky Baptist Convention and the Kentucky Woman's Missionary Union from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature incurred by my child under 18 years of age while attending a camp or event or on a trip related to that camp or event. I understand my insurance will be considered the primary carrier. I further understand in the event no insurance is provided by the family, I shall be responsible for any medical expense.

No. 3 **Participant Model Release**

By signing this document the participant hereby gives the Kentucky Baptist Convention and Kentucky Woman's Missionary Union, its licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use the participants name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to save harmless the Kentucky Baptist Convention and Kentucky Woman's Missionary Union, its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

IMPORTANT - THE INFORMATION BELOW MUST BE COMPLETED FOR ATTENDANCE

Please sign below:

I have completed the above form and, to the best of my knowledge, it is true and correct, and my signature attached hereto attests to that fact and that I have also read, understand and agree to each numbered paragraph above.

_____ _____

Signature of Parent/Guardian Date

I understand and agree to abide with the restrictions placed on my activities by my parent/guardian.

_____ _____

Signature of Participant Date