

Event _____

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

For Children and Leaders

13420 Eastpoint Centre Drive, Louisville, KY 40223

This form must be completed for children by parent or guardian, signed, and witnessed. Adult participants must also complete this form.

Church _____	Date of Event _____
Church Contact Person _____	Day Phone _____ Evening Phone _____

Participant's Name: Last _____ First _____ Middle _____
Birthdate _____ Age _____ Gender _____ Grade _____
Parent/Guardian or Spouse _____ Home Phone _____
Cell Phone _____
Address _____ Work Phone _____
Street & Number City State Zip
In Emergency Notify _____ Day Phone _____
Name of Family Physician _____ Phone # _____
Evening Phone _____

HEALTH HISTORY

Allergies (Yes or No. If yes, please give full details. Please call the Kentucky WMU office about any food allergies.)

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

List any serious medical conditions: _____

MEDICATIONS

Please list any medications you are currently taking: _____

CORONAVIRUS (Please answer this section on the day of your arrival.)

Today or in the past 24 hours, have you or your child had any of the following symptoms?

Fever, felt feverish, or had chills? Cough? Difficulty breathing? ___ **YES** ___ **NO**

In the past 14 days, have you or your child had contact with a person known to be infected with the novel coronavirus (COVID-19) ___ **YES** ___ **NO**

Have you received the vaccine for COVID- 19? ___ **YES** ___ **NO**

If yes, date of vaccine _____

MEDICAL INSURANCE

Name of Insurance Company _____

Insurance issued in the name of (cardholder): _____

Birthdate of cardholder: _____ Cardholder SS# _____

Address of Insured: _____

Street or Box City State Zip

Telephone Number: _____ Policy number: _____ Group # _____

Parent/Guardian must sign the back of this form! 1/18

No. 1

Emergency Authorization

I hereby give permission to the medical personnel selected by the Kentucky WMU Consultant or her designee to order X-rays, routine tests and treatment for my child. I understand that I will be contacted immediately in the event of an emergency. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the Kentucky WMU Consultant or 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.

Initial & Date _____

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 KENTUCKY WMU 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.

Initial & Date _____

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.

Initial & Date _____

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 or Adult Participant

Date

Witness

Date