

# JOB'S DAUGHTERS INTERNATIONAL PERSONAL HEALTH FORM

BETHEL # \_\_\_\_\_ VALID FOR THE CALENDAR YEAR \_\_\_\_\_

The health and welfare of your child/you is our primary concern. Your cooperation in accurately completing this confidential form is essential. Information provided in this form will be used at the discretion of the Supreme/Grand/Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter/Adult. Please read carefully and legibly PRINT all information.

Complete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Person form is being completed for) (Month/Day/Year)

Address \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Daughter's Parent/Guardian Information:**

Parents/Guardians Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
(if different than Daughter)

Parents/Guardians Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
(if different than Daughter)

**Emergency Contact:** (for person form is being completed for)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Insurance Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Does participant (adult/Daughter) have allergic reactions to such things as drugs, food, insect stings, etc.? If so, please list, noting type of reaction, treatment given, etc. \_\_\_\_\_

Please list any chronic conditions or recent illnesses of which the Bethel Guardian Council/Event Chair should be aware: \_\_\_\_\_

Please specify details of medications or treatment required for the above: \_\_\_\_\_

Are Immunizations up-to-date?  YES  NO Date of last tetanus shot: \_\_\_\_\_

**Next Section should be filled out for Daughters Only**

Does your daughter wear corrective lenses  YES  NO Contact Lenses:  YES  NO

Has your daughter menstruated?  YES  NO If not, has she been told about it?  YES  NO

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities?  
 YES  NO If so, please list and explain: \_\_\_\_\_

Do you have any special instructions for the Bethel Guardian Council regarding your daughter's health care, diet or special needs? \_\_\_\_\_

**I authorize the chaparones to give my daughter over-the-counter medications if indicated by her symptoms with the following exceptions:** \_\_\_\_\_

Name \_\_\_\_\_

Bethel # \_\_\_\_\_

**Daughter Section Continued:**

1. List any changes to your child’s allergies, or medical condition since you filled out the MNJD Health Waiver form

\_\_\_\_\_

2. Does the Daughter have a history of heart disease? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Has the Daughter been exposed to a communicable disease recently? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Does the Daughter have any limitations to physical activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Does the Daughter have a history of sports injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to any of the above questions, please provide more information:

\_\_\_\_\_

6. List all medications and dosages that the Daughter takes including inhalers, etc.

\_\_\_\_\_

If Items 2-5 were all answered NO, only the Adult Camper, Parent or Legal Guardian is required to sign this Health Form below. If any of the Items 2-5 were answered YES, the signature of a medical doctor, is also required.

\_\_\_\_\_  
Signature of Adult or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Doctor, if indicated

\_\_\_\_\_  
Date

Our Daughter  is  is not (check one) age 18 or older and legally responsible for herself under the law.

**This sections should be read and completed for Daughters and Adults:**

We/I the undersigned, parents/guardians of \_\_\_\_\_ or Adult Volunteer, do hereby authorize the Supreme / Grand / Bethel Guardian Council and/or Chaperones of Job's Daughters SGC/GGC or Bethel to exercise supervision of our daughter/me during the time that she is/I am participating in a Job's Daughter activity. We are fully aware that any athletic type of activity has a given amount of inherent risk for injury. We hereby release Job's Daughters International, the Grand Guardian Council of MN, and all their subordinates and/or chaperones from any liability caused by our daughter's participation in this event.

By executing this document, the Parent(s) or Legal Guardian of the Daughter named herein/I expressly consent to any and all emergency medical treatment and grants the limited Power of Attorney to the Supreme/Grand/Bethel Guardian Council of Minnesota and chaperones of Bethel # \_\_\_\_\_ of \_\_\_\_\_ to consent to any and all such treatment in the same manner as could the Parent(s) or Legal Guardian if physically present. All information relating to said treatment shall also be provided to the Supreme/Grand Guardian Council and chaperones to the fullest and same extent as though they were the Parent(s) or Legal Guardian of said Daughter/Adult named herein. The Parent(s) or Legal Guardian(s) of the Daughter/I expressly agree to release from liability, and indemnify, hold harmless, and defend Job's Daughters International, its employees, agents and volunteers, and any applicable CAV(s), from liability for:

- 1. Any claim, action, or damages arising directly or indirectly from the provision of emergency medical services, including but not limited to liability from the costs of such services; and
- 2. Any claim, action, or damages arising directly or indirectly from the release of information pursuant to this document. This waiver applies to any and all applicable state or federal laws, rules or regulations relating to Patient Privacy. A copy of this document shall be treated the same as if it were the original. The Consents and Waivers contained herein shall be and remain in full force and effect from and after the date of signing. Updated forms will be requested annually to ensure current information is being utilized.

In accordance with the JDI Youth Protection Program, if your daughter will be traveling alone with one CAV who is not a member of her family (e.g. Miss MNJD or GBHQ traveling with the Grand Guardian), the Daughter must have her parent’s or legal guardian’s written permission to stay in overnight accommodations in the same room with a female CAV who is not a family member. If the parent or legal guardian’s written permission has not been obtained beforehand, and if in the CAV’s best judgment it is safer to share a room with the Daughter than to have separate rooms for the Daughter and the female CAV under the circumstances of the particular trip, the two may share the same room. The CAV shall immediately contact the Daughters Parent(s) to let them know that this decision was made.

Signature \_\_\_\_\_  
(Parent / Legal Guardian if completing form for a Daughter)

Date \_\_\_\_\_