

## Personal Medical Record

Applicant's Full Name \_\_\_\_\_

In case of emergency please notify:

Full Name \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

## Insurance Information

Health Insurance Company Name \_\_\_\_\_

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

Certificate Number \_\_\_\_\_

Effective date of coverage \_\_\_\_\_

Insurance phone number \_\_\_\_\_

## Health History

To be completed by the applicant (if over age 18) or by a parent/guardian if applicant is a minor (under age 18)  
 Has the applicant experienced the following? Check "Yes" or "No". If "Yes" explain under "Remarks and medical facts"

Sinus condition  Yes  No  
 Ear problem  Yes  No  
 Lung problem  Yes  No  
 Heart trouble  Yes  No  
 High blood pressure  Yes  No  
 Allergy-Asthma  Yes  No  
 Fainting/dizzy spells  Yes  No  
 Diabetes  Yes  No  
 Appendix removed  Yes  No  
 Shortness of breath  Yes  No

Skin infection  Yes  No  
 Hearing difficulty  Yes  No  
 Bad eyesight  Yes  No  
 Wear contact lenses  Yes  No  
 Any medical care  Yes  No  
 within past year  
 Any surgery  Yes  No  
 within past year  
 Special diet required  Yes  No

Exposed to infectious:  
 Disease past 3 weeks  Yes  No  
 Hepatitis past 6 mo  Yes  No  
 Any disorder preventing  Yes  No  
 strenuous activity  
 Taking prescription  Yes  No  
 medicine  
 Any reaction to drugs  Yes  No  
 or medicine of any type

Food or drug allergies \_\_\_\_\_

I am currently taking the following medications \_\_\_\_\_

Remarks and medical facts: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Additional remarks \_\_\_\_\_

Give latest date of inoculation or vaccination against the following:

Tetanus	___/___/___	Small Pox	___/___/___
Measles	___/___/___	Typhoid	___/___/___
Diphtheria	___/___/___	Polio	___/___/___

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

Height

Weight

Parent/Guardian's name (print) \_\_\_\_\_

Parent/Guardian phone number \_\_\_\_\_

Parent/Guardian address \_\_\_\_\_

**Parent/Legal Guardian Consent & Model Release** (Required for all applicants under 18 years of age) I, the undersigned, as parent or legal guardian of the above named minor do hereby consent to his participation in this even and authorize the use of emergency medical care at the discretion of the adult event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of my child in any form and relinquish all rights or ownership or compensation. It is further understood that acceptance of these terms is a condition of my child's participation in this event.

Print Complete Name of Minor \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pastor's Certification** (Required for all applicants 18 year of age or older) I, the undersigned, as Pastor of the above named adult participant do hereby acknowledge that his individual has been properly screened and approved for children or youth work in our church and provide my unqualified endorsement to his participation in this event.

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's Signature** (Required for all applicants) I, the undersigned, hereby acknowledge that to the best of my knowledge, I qualify for participation in this event and do hereby agree to abide by the rules and standards established for this event by its appointed leadership. I acknowledge that the information provided on my Personal Medical Record is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of me in any form and relinquish all rights or ownership or compensation

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_