

Health Record and Consent for Treatment

Guatemala Children's Mission, Inc. / Agua Viva Children's Home
Short Term Mission Trip

Note: Parent/Guardian - It is important that you complete the following Health Record. Your son/daughter must turn this form in with the registration.

NAME OF STUDENT: _____
Last First Middle

City: _____ State: _____ Zip: _____

Social Security # _____ Age _____ Date of Birth _____

Name of Medical/Health Insurance Company _____ Policy # _____

Phone Number for Insurance Verification (from Insurance card): _____

1. Does the student have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so please explain.

2. Does the student have any severe allergies or reactions to drugs or medicines? Explain.

3. Is the student presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (name of drugs, dosage, etc.).

4. Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) _____

5. Is your son/daughter living with: both parents one parent guardian?

6. Past Medical History:

Insect Stings/bites: _____

Poison Sumac/Oak/Ivy: _____

Previous Operations or serious illness:

7. Has your child had any of the following childhood diseases?

Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

The following non prescription medications will be available for your child if needed:

Robitussin (cough & congestion), Tylenol, Benadryl (anti-itch cream), Phillips Milk of Magnesia, Cold Medicine, antihistamine, Pepto Bismol, Benedryl.

EXPECTING THAT THE LEADERS FOR THE TRIP WILL EXERCISE REASONABLE CARE IN OVERSEEING THE ACTIVITIES OF THE STUDENTS, I REQUEST AND AUTHORIZE THE LEADERS TO SEEK WHATEVER MEDICAL CARE IS NECESSARY AND ADVISABLE SHOULD AN EMERGENCY ARISE WHICH WOULD REQUIRE TREATMENT FOR MY SON/DAUGHTER.

Signature of the Parent/Guardian

Telephone: (____)_____ - _____ Day (____)_____ - _____ Evening

Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

Name: _____

Telephone: (____)_____ - _____ Day (____)_____ - _____ Evening

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Guatemala Children's Mission, Inc (GCM) trips this year 2003 for which he/she has signed up and paid for. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the above trip, I hereby authorize the leaders to obtain or provide medical treatment for my son/daughter for such injury or illness during the trip, and I hereby hold GCM, and the leaders, harmless in the exercise of this authority. I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while on this trip. If this occurs, I hereby authorize GCM and the leaders to refer my son/daughter for medical treatment, including a medical treatment center (hospital, etc.) I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event / trip. Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release and hold harmless GCM and the leaders from liability for any and all claims for personal illness or injury that my son/daughter may sustain during the mission trip. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the event / trip named above.

Signed _____ Date _____

Print Name: _____