Health Record and Consent for Treatment – School Year 2024-2025

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

NAME OF STUDENT: _____
Last First Middle

ADDRESS: _____

_____
City State Zip

Age: _____ Date of Birth: _____ Grade: _____

Name of Medical/Health Insurance Company: _____

Policy #: _____

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

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1. Does the student have any known physical disability 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 □ other

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 (please check):
   Chicken Pox _____ Measles ____ Mumps _____ Whooping Cough _____

NOTICE: The following non-prescription medications will be available for your child, if necessary. Your permission is needed before any medicine can be administered. Any medication you ***DO NOT*** wish your child to have should be circled:

Robitussin (cough & congestion)	Emetrol (nausea)	Chloraseptic (sore throat)
Tylenol	Benadryl (anti-itch cream)	Phillips Milk of Magnesia
Tylenol Cold Medicine	Allegra/Claritin (antihistamine)	Pepto Bismol
Benadryl (antihistamine)	Ibuprofen	Mylanta (antacid, anti-gas, heartburn)

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 PRINT Name of Parent/Guardian

Telephone: (_____)-_____-_____ (_____)-_____-_____

Day Night

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

_____

Name

Telephone: (_____)-_____-_____ (_____)-_____-_____

Day Night

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Lawndale Baptist Church's Events this school year 2024-2025 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 Lawndale Baptist Church 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 Lawndale Baptist Church 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 the Lawndale Baptist Church and the leaders from liability for any and all claims for personal illness or injury that my son/daughter may sustain during the 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:_____

(Sign in the presence of a notary)

*Relationship to Student:*_____

_____County, North Carolina

I, _____, a Notary Public for _____ County, North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged to me that he or she signed the foregoing document.

Official Seal

_____, Notary Public

Date: _____

My commission expires: _____, 20 ____