

**JOB'S DAUGHTERS INTERNATIONAL**

**BETHEL No.**

**PERSONAL HEALTH FORM**

Event for which the following information is requested: \_\_\_\_\_

Date of activity: \_\_\_\_\_

The 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.

Complete Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Month/Day/Year)

Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_  
\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code)

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_  
(If different from above)

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_  
(If different from above)

If Parents/Guardians are not available, in an emergency, please notify:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to Daughter: \_\_\_\_\_

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

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

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities?

\_\_\_\_\_ 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?

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc? If so, please list, giving type of reaction, treatment given, etc. \_\_\_\_\_

Has your daughter menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

Please list any chronic conditions or recent illnesses of which the Bethel Guardian Council should be aware:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Does your daughter require corrective lenses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_

We the undersigned, parents/guardians of \_\_\_\_\_ do hereby authorize the Supreme/Grand/Bethel Guardian Council and/or Chaperones of Job's Daughters SGC/GGC of \_\_\_\_\_ or Bethel No. \_\_\_\_\_ of \_\_\_\_\_ to exercise supervision of our daughter during the time that she is 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 and all its 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 expressly consent to any and all emergency medical treatment and grants the limited Power of Attorney to the Supreme/Grand/Bethel Guardian Council of \_\_\_\_\_ and Chaperones of Bethel No. \_\_\_\_\_ 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 named herein. The Parent(s) or Legal Guardian(s) of the Daughter 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 until \_\_\_\_\_.

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 IJD or SBHQ traveling with the Supreme 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 before hand, 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.

Father/or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Mother/or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_