

Pathways to Ministry  
National High School Conference

HEALTH INFORMATION AND MEDICAL RELEASE FORM

HEALTH HISTORY (CHECK, GIVING APPROPRIATE DATES BELOW)

Frequent Colds	Bronchitis	Diabetes, specify: _____
Epilepsy	Convulsions	Serious Ivy, Oak
Mumps	Tuberculosis	or Sumac poisoning
Frequent Sore Throat	Fainting	Measles
Kidney Trouble	Athlete's Foot	
Poliomyelitis	Eating Disorders	Allergic Reactions:
Sinusitis	Stomach Upsets	Bee Sting
Whooping Cough	Sleep Walking	Penicillin
Infected Ears	Operations or Serious Injuries	Other Drugs:
Heart Trouble	Constipation	_____
Rheumatic Fever		_____

Does he/she have any dietary allergies or restrictions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide dates and any additional information on above. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any specific activities to be encouraged or restricted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions or Comments from parent/guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION AND RELEASE

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all youth ministry activities sponsored by Saint Michael and All Angels Episcopal Church except as noted by me on this form. In the event I cannot be reached in an emergency, I hereby give permission to any physician selected by the Youth Ministry staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. FURTHER, PARENT OR GUARDIAN ASSUMES ENTIRE RESPONSIBILITY AND LIABILITY FOR ANY CLAIM OR ACTIONS BASED ON OR ARISING OUT OF INJURIES, INCLUDING DEATH, TO PERSONS OR DAMAGES TO OR DESTRUCTION OF PROPERTY, SUSTAINED OR ALLEGED TO HAVE BEEN SUSTAINED IN CONNECTION WITH OR INCIDENTAL TO OR ARISING FROM ACTIVITIES AND OUTINGS OF THE YOUTH PROGRAM, REGARDLESS OF WHETHER SUCH CLAIMS OR ACTIONS ARE FOUNDED IN WHOLE OR IN PART UPON THE NEGLIGENCE OR GROSS NEGLIGENCE OF SAINT MICHAEL AND ALL ANGELS EPISCOPAL CHURCH, ITS VOLUNTEER STAFF AND EMPLOYEES, REPRESENTATIVES, AGENTS, INVITEES OR LICENSEES THEREOF. PARENT OR GUARDIAN FURTHER AGREES TO INDEMNIFY AND HOLD HARMLESS SAINT MICHAEL AND ALL ANGELS EPISCOPAL CHURCH, ITS VOLUNTEER STAFF, EMPLOYEES, AGENTS, INVITEES AND LICENSEES THEREOF IN RESPECT OF ANY SUCH MATTERS AND AGREES TO DEFEND ANY CLAIM OR SUIT OR ACTION BROUGHT AGAINST SAINT MICHAEL AND ALL ANGELS EPISCOPAL CHURCH, ITS VOLUNTEER STAFF, REPRESENTATIVES, EMPLOYEES, AGENTS, INVITEES, AND LICENSEES THEREOF.

Signature \_\_\_\_\_ Date \_\_\_\_\_