

INTERNATIONAL ORDER OF JOB'S DAUGHTERS

PERSONAL HEALTH FORM



Date of activity: _____

Event for which the following information is requested: _____

The information provided in this form will be used at the discretion of the Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter.

Name: _____ Birth Date: _____
(First) (Last) (Year / Month / Day)

Address: _____ Height: _____ Weight: _____
(Street)

(City) (State/Province) (Zip/ Postal Code)

Father: _____ Phone: Home: (____) _____

Address: _____ Work: (____) _____
(If different from above)

Mother: _____ Phone: Home: (____) _____

Address: _____ Work: (____) _____
(If different from above)

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

Name: _____ Phone: Home: (____) _____

Address: _____ Work: (____) _____

Relation 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 yes, please list and explain: _____

Do you have any special instructions for the Bethel Guardian Council regarding your daughter's health care and/or diet?

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 no, 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 Bethel Guardian Council and/or a chaperon of Job's Daughters Bethel No. _____ to exercise supervision of our daughter during the time that she is participating in a Job's Daughters event. We hereby release said Bethel Guardian Council and/or its chaperons from any liability caused by our daughter's participation in the event.

Further, we authorize the Bethel Guardian Council and/or chaperons to obtain for our daughter _____ whatever emergency medical aid might be necessary as a result of injuries received during said activity, and we agree to pay all costs of the same. We further agree to reimburse said chaperons for any monies advanced by them for such purpose, and to further indemnify and save said chaperons harmless from any and all claims for medical bills or medical expenses arising from any such medical aid so rendered to or for said daughter.

Father /or Legal Guardian _____

Date: _____

Mother /or Legal Guardian _____

Date: _____