

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 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: _____
(If different from above)

Work: _____

Mother: _____

Home Phone: _____

Address: _____
(If different from above)

Work: _____

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

By executing this document, the Parent(s) or Legal Guardian of the Daughter named herein expressly consent to any and all medical, dental, or other health care and treatment and grants the limited Power of Attorney to the Guardian Council and Chaperones of Bethel No. _____ 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 Guardian Council and Chaperones of Bethel No. _____ to the fullest and same extent as though they were the Parent(s) or Legal Guardian of said Daughter named herein. All liability to the providers of such treatment for the provision of service and the disclosure of information about services performed to the Guardian Council and Chaperones of Bethel No. _____ performed and disclosed in reliance upon this document is hereby expressly waived. 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 _____