

**JOB'S DAUGHTERS INTERNATIONAL**

**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: \_\_\_\_\_