

BACKYARD MINISTRIES 2010 COMBINED CONSENT & HEALTH FORM

Name _____
Parish _____ City & State _____
Birthdate _____ Circle Male or Female Home Phone _____
Work Phone: Father _____ Mother _____
Mailing Address _____
City, State & Zip _____

Participation Consent: I, (Name of Parent or Guardian) _____
Grant permission for my son/daughter to participate in Backyard Ministries outreach program.

Liability Waiver: I will not hold Backyard Ministries, or the service agency responsible in the event of any injury or accident to my son or daughter while participating in the Backyard Ministries program and/or traveling to and from program activities.

Statement of Health: I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

Special Diet Instructions: If your son/daughter has any special dietary needs, limitations, or allergies please list them below. (Examples: vegetarian, allergic to peanuts, etc.)

Insurance Information:

Family Health Insurance Co. _____ Policy No. _____
Date of most recent physical examination: _____
Physician/Clinic address _____
Date of last Tetanus shot: _____

Allergies: (Please attach a statement noting all known allergies, including how the child has been treated and names of medications. If medications are needed occasionally or regularly, please send them in prescribed container with your child, in case of need.)

Medications: Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking, including product name and physician's instructions on dosage and frequency:

I understand that all prescription medication will remain in the possession of the adult team leader and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Any Non-prescription drugs you do not want administered to your child:

Operations or Serious Injuries (within the past 18 months):

Operation/Injury _____ Date _____

Communicable Diseases: Please notify Backyard Ministries if your child has been exposed to any communicable disease within three weeks prior to attending Backyard Ministries.

Medical Emergency:

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the Backyard Ministries Program Directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signature of Parent Or Guardian:

I certify that the above information is correct and give permission for my child to be transported for approved Backyard Ministry program activities.

I fully understand the consequences of the foregoing statement and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the Backyard Ministries Program.)

Signature _____ Date _____