

# Lord of the Hills Health & Medical Release Form - ADULT

## Effective Dates: July 2021 – December 2022

*This form must be completely filled out by participant/guardian. It will be kept in the church office for events throughout this year.  
Please update form if changes occur.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Baptism month & year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Additional Contact: (Spouse/Parent/Friend) \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

If unavailable in an emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry medical / hospital insurance? Yes / No *If yes, please complete the following or provide a copy of your card.*

Carrier: \_\_\_\_\_ Group / policy number: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check and date any of the following, which have occurred to the participant or in the participant's family:

<u>Conditions</u>	<u>Diseases</u>	<u>Allergies</u>
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Asthma	<input type="checkbox"/> Measles	<input type="checkbox"/> Ivy Poisoning, etc.
<input type="checkbox"/> Convulsions / seizures	<input type="checkbox"/> German Measles	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Bleeding / clotting disorders	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Other drugs
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Heart disease / defect	<input type="checkbox"/> Foods _____
<input type="checkbox"/> Psychiatric counseling	<input type="checkbox"/> COVID-19	

Please explain any of the above checked and any additional, here and on the back, if needed: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Operations or serious injuries: *(please list with dates)* \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Additional information / suggestions / any restrictions or other health related information including behavioral concerns along with how best to handle these concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

***I agree I am taking responsibility for myself when participating in all activities sponsored by Lord of the Hills. In case of emergency, I give the Lord of the Hills staff and/or volunteer permission to act on my behalf in seeking emergency treatment for me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that Lord of the Hills staff or volunteers are not responsible for any or all related injuries that may occur during these events.***

**Participant Signature** \_\_\_\_\_

Additionally, by marking here I give Lord of the Hills permission to use photographs, videos, and other recorded likenesses and images of myself in promoting activities sponsored by the church.

Background Check Completed: \_\_\_\_\_ Online Training Completed: \_\_\_\_\_ REALM: \_\_\_\_\_

*If Caring Adult will be a driver, attach copies of their Proof of Insurance, License and Registration.*