

St. Justin the Martyr Health History Form

Year 2019-2020

12460 Old St. Augustine Rd Jacksonville, FL 32258

Please provide complete information on this form. The intent of this information is to provide health care personnel the background to initiate appropriate emergency care in the absence of a guardian. Any changes to this form should be updated as necessary. This form shall remain confidential.

Name (last, first): _____		
Date of Birth: _____	Gender	Male or Female
Street Address _____		
City: _____	State: _____	Zip: _____
Custodial parent/guardian(s):		
Name _____	Phone(H) _____	(W) _____ (C) _____
Name _____	Phone(H) _____	(W) _____ (C) _____
<i>In the event that the parent or guardian cannot be contacted, I grant the following to make medical decisions.</i>		
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Physician's Name _____	Phone: _____	
Dentist's Name _____	Phone: _____	
Insurance Company _____		
Group # _____	Member ID # _____	
Telephone # _____		
Insurance Holder's Name _____		

Most recent immunization for Tetanus (DTaP/Tdap/Td)	Date
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Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or illness, or taking any form of medication for any reason? Yes__ No__ If yes, explain: _____

Is your child allergic to food, latex, insect sting or medication? Yes__ No__ If yes, explain most recent reaction with symptoms _____

Name (last, first) _____

List any Medical Problems, Special Considerations or injury/illnesses that would prevent participation in sports or physical type of activities

PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS AND AGREEMENT

This health history is correct and complete as far as I know. In the event of an emergency, and I can not be reached, I hereby give permission for the person herein described, to obtain emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to St. Justin the Martyr Orthodox Church and its representatives to arrange necessary related transportation for my child. I hereby give permission to health personnel to secure and administer treatment, including hospitalization, for the person named above. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by St. Justin Orthodox Church and its agents during church sponsored events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Orthodox Church in America, St. Justin the Martyr Orthodox Church, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form. I agree that my child will abide by all the rules and guidelines set forth by St. Justin the Martyr Orthodox Church for the safety and good health of the activity participants. I agree to indemnify and hold harmless, the Orthodox Church in America, St. Justin the Martyr Orthodox Church, its leaders, employees, and/or volunteers from any expenses, loses , claims, or damages incurred as a result of the acts or omissions of the subject of this form.

I hereby agree to indemnify and hold harmless the Orthodox Church in America, St. Justin the Martyr Orthodox Church, its leaders, employees, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident of injury occurring to me or my child. **DURATION: The undersigned agree and acknowledge that this waiver is valid from August 1, 2017 through August 31, 2018.**

Signature of parent/guardian

Printed
Name _____

Date _____