



Individual Registration and Health Form

PLEASE PRINT CLEARLY AND MAIL OR EMAIL FORM – DO NOT FAX

To be completed by parent or guardian if participant is under age 18

Participant Information – List only one Participant. Each Participant must have a separate completed form.

Participation in Cottonwood Creek Baptist Church's (the "church") Creek Student Ministry events for year _____
Full Name _____ Birthdate ____/____/____ Age _____ Sex M F
Address _____ City _____ State _____ Zip _____

Emergency Notification

Parent/Guardian _____ Phone _____ Work _____ Cell _____
Parent/Guardian _____ Phone _____ Work _____ Cell _____
Other Contact _____ Phone _____ Work _____ Cell _____
Address _____ City _____ State _____ Zip _____
Phone _____ Mobile _____ Office _____ Other _____
Physician _____ Phone _____
Dentist _____ Phone _____

Insurance

Insurance Co. _____ Policy Holder Name _____ DOB ____/____/____
Policy or Group # _____ Insurance Co. Phone # _____

Emergency Medical Information

1. Does participant have currently or ever had any of the following medical conditions?

- | | |
|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies (food, medicine, plant, animal, insect) | Yes <input type="checkbox"/> No <input type="checkbox"/> Passed out/chest pain during exercise |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma/wheezing/shortness of breath | Yes <input type="checkbox"/> No <input type="checkbox"/> Stomach or intestinal infection/condition |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures | Yes <input type="checkbox"/> No <input type="checkbox"/> Frequent or current infections (eye, ear, throat, respiratory, urinary tract, vaginal) |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Headaches | Yes <input type="checkbox"/> No <input type="checkbox"/> Back or joint pain |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> Chronic or recurring illness |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Heart disease or defect | Yes <input type="checkbox"/> No <input type="checkbox"/> Wear glasses/contacts/protective eyewear |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Bleeding or clotting disorder | Yes <input type="checkbox"/> No <input type="checkbox"/> Trouble sleeping/sleepwalking |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hypertension | Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting/dizziness | |

Explain any yes response fully in the space below, including date of diagnosis, frequency and severity of symptoms, treating physician, required monitoring, and regular and emergency treatments (e.g., epi pen, inhaler). **If the participant has asthma, allergies, or diabetes, attach a copy of the participant's treatment plan, signed by the treating physician.** _____

2. Has participant traveled outside the US in the last 9 months? Yes No If yes, to where? _____

Serious Illness, Injury, or Hospitalization

List any serious illnesses, injuries, and hospitalizations (attach a separate sheet if necessary)

Date _____ Details _____
Date _____ Details _____
Date _____ Details _____

Mental, Emotional, and Social Health

Has the participant:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
- Had a significant life event that continues to affect the participant's life? Yes No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Explain "yes" answers in the space below. The church may contact you for additional information.

Participant Name _____ Date of Birth _____

Activity Restrictions

Please list any activities discouraged or prohibited by participant’s physician (e.g., running, swimming, diving, volleyball, etc.).

Medications and Diet

1. Prescribed medication/inhalers MUST be in original pharmacy container with label including participant’s name, valid date, instructions, and prescribing physician’s name. Over-the-counter medications MUST be in original packaging within expiration date. Medications will be stored in a secure location and may only be administered by a church employee or an adult church volunteer, if authorized in writing by a church employee. **If Participant needs medication, a separate Medication Information & Authorization Form, with the medicine information and dosage instructions, must be completed prior to each event.** Please contact the church prior to each event to obtain the Medication Information & Authorization Form, if needed.
2. Certain non-prescription medications may be stocked with a church employee and used on an as needed basis to manage illness and injury. These may include pain medications (e.g., Tylenol, Advil), cold/allergy medications (e.g., Sudafed, Benadryl, cough syrup/drops, throat spray), laxatives, lice treatment, antibiotic cream, calamine lotion, aloe, etc. Please list any non-prescription medications that should not be given to participant. _____
3. Please describe any special dietary needs or restrictions _____

Acknowledgement and Release

READ CAREFULLY BEFORE SIGNING

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The participant has permission to participate in all activities except as noted by me on this form. I will notify Cottonwood Creek Baptist Church (“Cottonwood Creek Church”) in writing if there is any change in the participant’s medical condition at least seven (7) days prior to the start of each church event that participant participates in. I hereby give permission for the staff of Cottonwood Creek Church to provide directly or to authorize an adult church volunteer to administer prescription and non-prescription medications to participant to manage illness or injury. I hereby give permission for the staff of Cottonwood Creek Church to provide directly or authorize routine or emergency medical treatment of the participant by licensed healthcare professionals and when necessary, authorize transportation to and from the medical facilities designated by Cottonwood Creek Church for the care of the participant. I authorize Cottonwood Creek Church and third-party care givers to exchange pertinent medical information. Upon completion of medical treatment, I authorize the medical facility providing treatment to release diagnostic information to Cottonwood Creek Church for follow up and for the participant’s medical file. I have separately signed or will sign simultaneously with this Form, a Release, Waiver of Liability, and Indemnity, voluntarily assuming risks inherently associated with participation in church events. I understand and hereby agree to release from liability and hold harmless Cottonwood Creek Church, and its directors, officers, employees, agents, and representatives from any and all liability, claims, and demands of any kind or nature, either in law or in equity, which arise now or in the future in connection with the participant’s attendance at any church event. I understand and agree that this release discharges the released parties from any liability or claim that I or the participant may have against them with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participant’s attendance at any church event. I and the participant expressly waive any right to a trial by judge or jury that we may otherwise have with regard to any claim or liability related to the participant’s attendance at any church event. Furthermore, I and the participant expressly, on behalf of myself, my heirs, assigns, personal representatives and estate, agree to indemnify Cottonwood Creek Church from any and all claims, liability, actions, causes of action, debts, claims and demands of any kind or nature, either in law or in equity, which arise now or in the future in connection with participant’s participation in any church event, including but not limited to bodily injury, personal injury, illness, death, or property damage that may result from participant’s participation in any church event.

Parent/Guardian Signature (or Participant’s Signature if 18 or older) _____ Printed Name _____ Date _____

Additional Parent/Guardian Signature _____ Printed Name _____ Date _____