

JOB'S DAUGHTERS INTERNATIONAL®

BETHEL NO. _____

PERSONAL HEALTH FORM

(To be used by Bethels and Bethel Beehives)

For all activities and events during the following term/year or for the following activity: _____

(If listing a single activity) Date of activity: _____

The information provided in this form will be used at the discretion of the Supreme/Grand/Jurisdictional/Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter and/or Bee.

Complete Name: _____ Birth Date: _____

Address: _____ (City) _____ (State/Province) _____ (Zip) Height _____ Weight _____

Parent/Guardian: _____ Home/Cell Phone: _____

Address: _____ (If different than above) Work Phone: _____

Parent/Guardian: _____ Home/Cell Phone: _____

Address: _____ (If different than above) Work Phone: _____

If Parents/Guardian are not available in an emergency, please notify:

Name: _____ Home/Cell Phone: _____

Address: _____ (City) _____ (State/Province) _____ (Zip) Work Phone: _____

Relationship to Member: _____

Insurance Carrier: _____ Policy # _____
(For Canada, please provide your Provincial Health Number. For Brazil, please provide your SUS Card Number.)

Family Doctor: _____ Phone Number: _____
(Leave blank if you do not have a Family Doctor)

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities?
If so, please list and explain: _____

Do you have any special instructions for the Bethel Guardian Council/Beekeepers regarding your daughter's health care,
diet or special needs? _____

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc.? If so, please list, giving
types of reaction, treatment given, etc. _____

Has your daughter menstruated? _____ If not, 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: _____

Our daughter is or is not (check one) age 18 or older and legally responsible for herself under the law.

We, the undersigned, parents/guardians of _____ do hereby authorize the Supreme/Grand/Jurisdictional/Bethel Guardian Council and/or Chaperones of Job's Daughters SGC/GGC/JGC of _____ or Bethel No. _____ of _____ to exercise supervision of our daughter during the time that she is participating in a Job's Daughters activity. We are fully aware that any athletic type activity has a given amount of inherent risk or injury. We hereby release Job's Daughters International and all of its subordinates and/or chaperones from any liability caused by our daughter's participation in this event.

By executing this document, the Parent(s) or Legal Guardian of the Daughter named herein expressly consent to any and all emergency medical treatment and grants the limited Power of Attorney to the Supreme/Grand/Bethel Guardian Council of _____ and Chaperones of Bethel No. _____ of _____ to consent to any and all such treatment in the same manner as could the Parent(s) or Legal Guardian if physically present. All information relating to said treatment shall also be provided to the Supreme/Grand Guardian Council and the Chaperones to the fullest and same extent as though they were the Parent(s) or Legal Guardian of said Daughter named herein. The Parent(s) or Legal Guardian(s) of the Daughter expressly agree to release from liability, and indemnify, hold harmless, and defend Job's Daughters International, its employees, agents and volunteers, and any applicable CAV(s), from liability for:

1. any claim, action, or damages arising directly or indirectly from the provision of emergency medical service, including but not limited to liability from the costs of such services; and
2. any claim, action or damages arising directly or indirectly from the release of information pursuant to this document.

This waiver applies to any and all applicable state or federal laws, rules or regulations relating to Patient Privacy. A copy of this document shall be treated the same as if it were the original. The Consents and Waivers contained herein shall be and remain in full force and effect from and after the date of signing until _____.

In accordance with the JDI Youth Protection Program, if your daughter will be traveling alone with one CAV who is not a member of her family (e.g. Miss IJD or SBHQ traveling with the Supreme Guardian), the Daughter must have her parent's or legal guardian's written permission to stay in overnight accommodations in the same room with a female CAV who is not a family member. If the parent or legal guardian's written permission has not been obtained before hand, and if in the CAV's best judgement it is safer to share a room with the Daughter than to have separate rooms for the Daughter and the female CAV under the circumstances of the particular trip, the two may share the same room. The CAV shall immediately contact the Daughter's Parents(s) to let them know that this decision was made.

Father/or Legal Guardian _____ Date: _____

Mother/or Legal Guardian _____ Date: _____