

## Student Worship Academy Health and Waiver Form

**\*\*Please mail a notarized copy of this form to the Baptist State Convention of NC at the address listed on the website. Keep a copy for your own records as well.\*\***

Chaperone Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relationship to chaperone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Medical Profile

Generally, the chaperone's health is: \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor (Check One)

If fair or poor, please explain the chaperone's condition: \_\_\_\_\_

List any medical difficulties for which the chaperone is being treated: \_\_\_\_\_

Check any of the following that cause the chaperone problems and explain:

\_\_\_\_ Asthma      \_\_\_\_ Sinusitis      \_\_\_\_ Bronchitis      \_\_\_\_ Kidney trouble      \_\_\_\_ Hay fever  
\_\_\_\_ Heart trouble      \_\_\_\_ Diabetes      \_\_\_\_ Dizziness      \_\_\_\_ Upset stomach

List any medicines or substances to which the chaperone is allergic: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications the chaperone takes: \_\_\_\_\_

List any special diets or needs: \_\_\_\_\_

Check any of the following childhood diseases the chaperone has had:

\_\_\_\_ Chickenpox      \_\_\_\_ Measles      \_\_\_\_ Whooping cough      \_\_\_\_ Mumps

Date of last tetanus immunization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_

**Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity**

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid to obtain necessary medical attention in case of sickness or injury to myself. Also, I understand that as a chaperone, I may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge the Baptist State Convention of North Carolina (BSCNC), camp or event sponsor, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present or future, arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify the BSCNC of any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself while participating in this camp or event or while on property leased or owned by the BSCNC.

**Complete and sign below IN PRESENCE OF NOTARY**

Chaperone Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Notary Acknowledgement**

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that the following person(s) personally appeared before me:

\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_