



Student Missionary Program General Information and Consent Forms Health and Medical History Record

EXPLANATION AND INSTRUCTIONS: (Please Print)

This health information record will be used solely for use in treatment for accident/medical emergencies that may occur during this activity. This information will assist appropriate personnel to better understand and more thoroughly treat a student.

Upon completion of this form, it will be necessary for the student and parent(s)/guardian to sign the CONSENT FOR RELEASE OF MEDICAL INFORMATION AND FOR MEDICAL TREATMENT and THE PARENT/STUDENT RESPONSIBILITY CONSENT forms. These forms are to be returned to the person responsible for leading the trip.

STUDENT INFORMATION / HEALTH / MEDICAL HISTORY RECORD:

Trip start date:

Trip end date:

Name of Student: _____

Name of Mission Trip: _____

Birthdate: _____ Sex: M ____ F ____

Home Address: _____

Home Phone: _____

Name of Parent(s)/Guardian: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

The emergency contact person should parent(s)/guardian be unavailable:

Name: _____

Relationship: _____

Home address: _____

Home Phone: _____ Work Phone: _____

Name of physician to contact if necessary

Name: _____

Address: _____

Phone: _____

INSURANCE

It is required that a family has medical insurance coverage for its student. Should you not have family medical insurance which will cover your student for this activity, it will be necessary for you to secure a satisfactory insurance coverage program prior to the student being permitted to participate in this activity. This policy should include major medical and hospitalization. A policy is available at additional charge in the business office.

Name of Insurance Company: _____

Address: _____

Phone: _____

Policy or Group Number: _____

Coverage Includes:	Hospitalization	Yes _____	No _____
	Office Call	Yes _____	No _____
	Emergency Room	Yes _____	No _____
	Illness	Yes _____	No _____
	X-Rays	Yes _____	No _____
	Lab. Tests	Yes _____	No _____
	Medications/ Prescriptions	Yes _____	No _____

Is the student currently receiving medical treatment? _____

If so, please give brief description: _____

Has the student ever had an operation? _____

If so, at what age and what type of operation? _____

Does the student take any medications regularly or frequently? Please list (include non-prescription and vitamins) and indicate how frequently taken: _____

Will student be taking medication(s) on the trip? Yes _____ No _____

PLEASE NOTE THAT PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS (INCLUDING VITAMINS) MUST BE KEPT IN THEIR ORIGINAL CONTAINERS AND NOT DUMPED TOGETHER IN ONE BOTTLE TO PASS THROUGH CUSTOMS.

Has the student ever had an allergic reaction to a medication? Please list medication and explain type of reaction, e.g. rash, hives, upset stomach, etc. _____

If student has experienced and serious illnesses in the past year please note:

Please note anything else you feel pertinent to your student's well-being that the trip supervisors should be aware of: _____

**CONSENT FOR RELEASE OF MEDICAL INFORMATION AND
FOR MEDICAL TREATMENT**

In case of any medical emergency involving the undersigned student while participating in this activity, the undersigned give consent to the King's Schools authorities supervising the trip to make the decisions necessary to preserve the health, well-being, life and limb of the student. The undersigned, individually and jointly, agree to indemnify and hold King's Schools and CRISTA Ministries harmless from costs incurred for said emergency care and treatment, including attorney's fees and costs incurred in defending and/or instituting a suit to recover said medical expenses.

To assist in handling a possible emergency, school administrative personnel have my permission to release, to appropriate individuals, information pertinent to significant on going medical problems of chronic illness, i.e. diabetes, seizure disorders, etc. that could be of concern during this activity.

Assigned school authorities/representatives for this activity are:

Student Signature

Date

Parent(s)/Guardian Signature

Date

**PARENT(S)/GUARDIAN/STUDENT RESPONSIBILITY CONSENT
FORM**

This trip falls outside of normal school activities. By giving permission for you student to participate in this activity, you are recognizing the potential hazards which may be associated with this trip and will hold harmless King's Schools and CRISTA Ministries or its representatives should situations arise which are beyond the control of the representatives of King's Schools or CRISTA Ministries.

King's School personnel assigned to the activity will endeavor to ensure, as much as is possible, the health and welfare of each student participating in the activity. However, full responsibility will be accepted by the family should such instances arise which are beyond the control and influence of King's Schools or its representatives. Examples of such situations include, but are not limited to, the following: airline hi-jacking, arrested and confinement, possible physical injury or loss of life, exposure to potential lethal permanently debilitating illnesses or diseases, natural disasters, etc.

If any personal or family emergency situation arises which requires a student to adjust or depart from the planned itinerary, any additional costs incurred will be borne by the student and his/her family.

Student Signature

Date

Parent(s)/Guardian Signature

Date