

**Vanderburgh County Teen Court Health History**  
FOR TEEN COURT VOLUNTEER, TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GENDER: MALE FEMALE OTHER GENDER \_\_\_\_\_ GRADE (FALL 2020) \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP

STUDENT CELL \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

PARENT 1 NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT 1 WORKPLACE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT 2 WORKPLACE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT 1 EMAIL \_\_\_\_\_ PARENT 2 EMAIL \_\_\_\_\_

PARENTS WHO LIVE SEPARATELY CAN USE THIS LINE TO PROVIDE THE INFORMATION FOR (CIRCLE): PARENT 1 PARENT 2

HOME ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP

IN CASE OF AN EMERGENCY, NOTIFY (SOMEONE OTHER THAN PARENT) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OPERATIONS OR SERIOUS INJURIES (DATES) \_\_\_\_\_

DISABILITY OR CHRONIC OR RECURRING ILLNESS \_\_\_\_\_

ACTIVITIES ENCOURAGED OR LIMITED BY PHYSICIAN \_\_\_\_\_

DIETARY MODIFICATIONS/KNOWN ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

NAME OF DENTIST/ORTHODONTIST \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF PHYSICAL EXAMINATION \_\_\_\_\_

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, INDICATE: CARRIER \_\_\_\_\_ POLICY OR GROUP NUMBER \_\_\_\_\_

ANY ADDITIONAL HEALTH RELATED INFORMATION \_\_\_\_\_

THIS HEALTH HISTORY IS CURRENT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED TEEN COURT ACTIVITIES EXCEPT AS NOTED. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE PROGRAM COORDINATOR TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR MY SON OR DAUGHTER. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE PROGRAM COORDINATOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY SON OR DAUGHTER NAMED ABOVE.  
EMERGENCY AUTHORIZATION VALID FROM JULY 1, 2020 THROUGH JUNE 30, 2021.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

I ALSO UNDERSTAND AND AGREE TO ABIDE WITH ANY RESTRICTIONS PLACED ON MY TEEN COURT ACTIVITIES.

**SIGNATURE OF STUDENT** \_\_\_\_\_

# Teen Court Liability & Photo Release

## Liability Release

I understand that Youth Resources of Southwestern Indiana, Inc., the Teen Court Program Coordinator, court employees and volunteers, any school district in Vanderburgh County and its employees, duly authorized law enforcement officers in any municipality in Vanderburgh County, any community service agency or individuals, and First Federal Savings Bank cannot assume any liability for people attending these Teen Court events. I waive, release and discharge Youth Resources of Southwestern Indiana, Inc., the Teen Court Program Coordinator, court employees and volunteers, any school district in Vanderburgh County and its employees, duly authorized law enforcement officers in any municipality in Vanderburgh County, any community service agency or individuals, and First Federal Savings Bank from any and all claims of liability from my participation in these events.

## Release to Use Image and Likeness

On occasion, Youth Resources of Southwestern Indiana, Inc. or its representatives takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of myself to be used, distributed or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape and audio recordings. Furthermore, I give permission to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by Youth Resources or its agents to produce resources for staff training, Youth Resources programs, or other uses to promote the work of Youth Resources. Youth Resources may also make these materials available for sale to the public.

## Waiver/Release for Communicable Diseases Including Covid-19 - Assumption of Risk/Waiver of Liability/Indemnification Agreement

In consideration of being allowed to participate on behalf of Youth Resources of Southwestern Indiana, Inc. and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Youth Resources staff member immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Youth Resources of Southwestern Indiana, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releases or otherwise, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**