

Health History

FOR STUDENT, TO BE COMPLETED BY PARENT/GUARDIAN

Student Legal Name _____ Student Preferred Name _____

Birth Date _____ Age _____ Gender Male Female Other Gender _____

Grade (Fall 2023) _____ School _____ Student Cell _____

Home Address _____
Street & Number City State Zip

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 please use this line to provide the information for: 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/Recurring Illness _____

Activities Encouraged/Limited by Physician _____ Date of Last Physical Exam _____

Dietary Modifications/Known Allergies _____

Current Medications _____

Dentist/Orthodontist _____ Phone _____

Family Physician _____ Phone _____

Preferred Hospital Deaconess St. Vincent Other _____

Do you carry medical insurance? Yes No If so: Carrier _____ Policy/Group # _____

Covid-19 Vaccination Information: Fully vaccinated Vaccination in process Do not plan to vaccinate Prefer not to answer
**This information is for YR records only. The choice to vaccinate or not does not impact any student's program involvement eligibility.*

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 Youth Resources activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the Youth Resources staff to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Youth Resources staff to secure and administer treatment, including hospitalization, for my child named above. Emergency authorization valid from June 1, 2023 through July 31, 2024.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

I also understand and agree to abide with any restrictions placed on my Youth Resources activities.

SIGNATURE OF STUDENT _____ **DATE** _____

Liability & Photo Release

LIABILITY RELEASE

I understand that Youth Resources of Southwestern Indiana, Inc., Youth Resources' employees, any volunteers, and any employees of locations in which Youth Resources operates, cannot assume any liability for people attending Youth Resources events. I waive, release and discharge Youth Resources of Southwestern Indiana, Inc., Youth Resources' employees, any volunteers, and any employees of locations in which Youth Resources operates from any and all claims of liability from my/my child's participation in these events.

RELEASE TO USE IMAGE AND LIKENESS

On occasion, Youth Resources of Southwestern Indiana, Inc. or its representatives take photographs or make an audio or video recording of children and/or adults involved in activities.

In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about Youth Resources' 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.

I consent to the use of any such audio or visual record of me/my child to be used, distributed or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, video, and audio recordings. Furthermore, I give permission for myself/my child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

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 releasees 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 it freely and voluntarily without any inducement.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____