

# 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
5. 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 it freely and voluntarily without any inducement.**

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

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



## 2023-24 Teen Advisory Council Contract

*I understand that my appointment to the Teen Advisory Council is not only an honor but also a **responsibility**. As a member, I will work toward achieving the Council's goals:*

- To identify problems teenagers are facing
- To suggest solutions to these problems
- To work toward solving these problems
- To represent a cross-section of diverse interests and activities
- To increase awareness of youth issues in the adult community
- To impact the adult community by showing that teens can be a source of solutions
- To gain leadership experience
- To be involved in meaningful community service projects
- To develop friendships and contacts from other area high schools
- To live a tobacco-, drug-, and alcohol-free life
- To complete my assigned requirements as listed in the TAC bylaws

***In addition, I will attend all TAC trainings, meetings & special events, work on Council projects, serve on selected committees, and be a spokesperson for Youth Resources and its efforts to involve young people in meaningful community service, leadership development & civic experiences.***

*Finally, I realize that if I have more than three absences from Council meetings during a semester and/or participate in fewer than the required community service hours, shadowing meetings and/or social events determined by the Council, **I will lose my eligibility to continue as a Council member** unless I am reinstated by the Teen Advisory Council's Executive Committee after completing the appeal process as set forth in the TAC bylaws.*

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

**Parent/Guardian:**

*I have read the above contract and understand the commitment that is required by the above-signed student. I will support his/her efforts and will help him/her to fulfill this obligation in whatever capacity I am able.*

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