

Health/ Liability Forms

Name: _____ Birth date: _____

Home Address: _____

Gender: Male Female

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group #: _____

PHOTOCOPY OF FRONT AND BACK OF HEALTH INSURANCE CARD MUST BE ATTACHED TO THIS FORM

Parent/Guardian Authorizations:

I hereby release Saint Anna Greek Orthodox Church of Roseville of the Greek Orthodox Metropolis of San Francisco from any liability for any injury which might be incurred on this outing.

This health history is correct and complete as far as I know. The person herein described has permission to engage in all retreat activities except as noted. I hereby give permission to the retreat organizers to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the retreat organizers to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the retreat organizers to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied

Signature of parent/guardian or adult _____

Printed Name: _____ **Date:** _____

I also understand and agree to abide by any restrictions placed on my participation in retreat activities.

Signature of minor or adult chaperone: _____ Date: _____

Health History

Please list ALL medications (*including over-the-counter or nonprescription drugs*) taken routinely. Bring enough medication to last the entire retreat. Please keep it in the original packaging/bottle that identifies the prescribing physician (*if a prescription drug*), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis.

This person takes medications as follows:

Medication	Dosage	Specific times taken each day	Reasons for taking

Attach additional pages for more medications.

Explain any restrictions to activity (e.g. *what cannot be done, what adaptations or limitation are necessary*)

General Questions (Explain “yes” answers below)

Has/does the participant:	Yes	No	Has/does the participant:	Yes	No
Had any recent injury, illness or infectious disease?			Have a chronic or recurring illness/condition?		
Ever had problems with joints (e.g. knees, ankles)?			Ever been hospitalized?		
Have an orthodontic appliance brought to camp?			Have any skin problems (e.g. itching, rash, acne)?		
Ever had surgery?			Have diabetes?		
Have frequent headaches?			Have asthma?		
Wear glasses, contacts or protective eye wear?			Had mononucleosis in the past 12 months?		
Ever had frequent ear infections?			Had problems with diarrhea/constipation?		
Ever passed out during or after exercise?			Have problems with sleepwalking?		
Ever been dizzy during or after exercise?			If female, have an abnormal menstrual history?		
Ever had seizures?			Have a history of bed-wetting?		
Ever had chest pain during or after exercise?			Ever had an eating disorder?		
Ever had high blood pressure?			Ever had emotional or behavioral difficulties for which professional help was sought?		
Ever been diagnosed with a heart murmur?			Ever had back problems?		

Explain _____

Please submit these forms prior to departure