



**MEDICAL HEALTH INFORMATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

Health: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Do you have family medical insurance? \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Carrier: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you have any limiting physical disabilities or handicaps (temporary or permanent)? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you had any major surgery recently? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you had any major illnesses recently? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you currently taking any medications prescribed or otherwise (e.g. cold medicine)? \_\_\_\_\_

State what you are taking and what condition it is for \_\_\_\_\_

Do you have any known allergies? \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Do you have special dietary needs? \_\_\_\_\_ Explain \_\_\_\_\_

Do you have asthma? \_\_\_\_\_ Describe severity \_\_\_\_\_

Do you have any other restrictions or activities for medical reasons? \_\_\_\_\_ Explain the limitations

Person to notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

I hereby state that the above information is true and accurate to the best of my knowledge and I hereby consent and give my permission to receive emergency medical care if it is deemed necessary.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

## **Video Taping, Audio Taping & Photo Consent**

With regard to my child's appearance at and/or in video productions or other events produced by Tigard United Methodist Church, I hereby consent to and give permission for Tigard United Methodist Church to use my child's photo, voice and likeness in its programs and activities, including the advertisement and promotion of the same. This consent shall include any or all remarks, contributions, or performances that my child may make or give in connection with their appearance and participation.

I acknowledge that Tigard United Methodist Church has full ownership rights to the images I give them, and to the photo and video productions it creates, and that my child's appearance, may be transmitted or otherwise exhibited, in whole or in part, throughout the world, without limitation as to time, in any medium, and by any means, method or device now or hereafter known, by Tigard United Methodist Church as many times as it wishes, without financial compensation to me or further authorization from me.

**Child's Name** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_