



JURISDICTIONAL GUARDIAN COUNCIL OF MONTANA
JOB'S DAUGHTERS INTERNATIONAL
PERSONAL HEALTH FORM
DAUGHTERS

Event for which the following information is requested: _____

Date(s) of activity: _____

The information provided in this form will be used at the discretion of the Bethel Guardian council to ensure that care and attention are given to the health of the Bethel Daughter.

Name: _____
(First Name) (Last name)

Date of Birth: _____
(Year/Month/Day)

Address: _____
(Street)

Height: _____ Weight: _____

(City) (State/Province) (Zip/Postal Code)

Parent/Guardian: _____
(Name) (Relationship)

Phone: Home (_____) _____

Address: _____
(If different from above)

Other (_____) _____

Parent/Guardian: _____
(Name) (Relationship)

Phone: Home (_____) _____

Address: _____
(If different from above)

Other (_____) _____

If Parents/Guardians are not available, in an emergency please notify:

Name: _____
(Name) (Relationship)

Phone: Home (_____) _____

Address: _____

Other (_____) _____

Insurance Carrier: _____

Policy #: _____

Family Doctor: _____

Phone: (_____) _____

Does your Daughter suffer from any physical or emotional disorders that would prevent her from participating in activities? _____

If so, please list and explain: _____

Do you have any special instructions for the Bethel Guardian Council regarding your daughter's health care and/or diet? _____

If so, please list and explain: _____

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc? If so, please list, giving type of reaction, treatment given, etc.: _____

Has your daughter menstruated? _____ If not, has she been told about it? _____

Please list any chronic conditions or recent illnesses of which the Bethel Guardian Council should be aware: _____

Please specify details of medication or treatment required for the above (be as specific as possible): _____

Date of last tetanus shot: _____

Does your daughter require corrective lenses? _____ Contact lenses? _____

We, the undersigned, parent(s)/guardian(s) of _____ do hereby authorize the Bethel Guardian Council and/or chaperones of Job's Daughters Bethel # _____ to exercise supervision of our daughter during the time that she is participating in a Job's Daughters event. We hereby release said Bethel Guardian Council and/or its chaperones from any liability caused by our daughter's participation in the event.

Further, we authorize the Bethel Guardian Council and/or chaperones to obtain for our daughter, _____, whatever emergency medical aid might be necessary as a result of injuries received during said activity, and we agree to pay all costs of same. We further agree to reimburse said chaperones for any monies advanced by them for such purpose, and to further indemnify and save said chaperones harmless from any and all claims for medical bills or medical expenses arising from any such medical aid so rendered to or for said daughter.

Parent/Legal Guardian _____ Date: _____

Parent/Legal Guardian _____ Date: _____