



NCBM DISASTER RELIEF
GENERAL MEDICAL INFORMATION
(To be filled out by applicant)



Name: (last) (first) (middle)
Birthday: Age: Sex: M F
Address:
City: State Zip:
Home phone: ( ) Mobile phone: ( )
Email: Marital Status: Weight: Height:
Emergency Contact Person: Telephone:
Church: Association:

MEDICAL STATEMENT (All information requested below must be filled out before participant can take part in the disaster relief program.)

a. General Health: GOOD FAIR POOR
b. Limitations:
c. Do you have any of the following? Medication Allergies NO YES
If yes, please explain type and severity: Food Allergies NO YES
Other Allergies NO YES
Asthma NO YES Epinephrine or Hospitalization Required?
Diabetes NO YES Insulin Required?
d. Do you have a history of (circle): Heart disease Hypertension Appendectomy Epilepsy Sleep Apnea
e. Tetanus shot updated? (year)
f. Medication List: Reason: Dosage: Pills Per Day:
g. Medical treatment received in the past year:
h. Have you been exposed to any contagious disease in the past six months? If so, what?
Physician's Name: Office Phone: ( )
Address City: Zip

CONSENT

I hereby give permission for my son / daughter / self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.
Signed: Date:

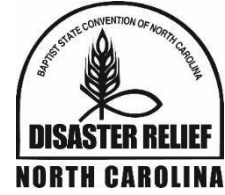
INSURANCE

Insurance issued in the name of:
Address of insured:
Name of insurance company:
Address of insurance company:
Policy number:



**PLEASE PRINT**

North Carolina Baptist Men  
P.O. Box 1107  
Cary, NC 27512-1107  
(800) 395-5102  
Fax (919) 460-6329



**YOUTH LIABILITY RELEASE FORM**

TO BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF ANYONE LESS THAN 18 YEARS OF AGE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the N. C. Baptist Men.

As a volunteer with N.C. Baptist Men projects, I \_\_\_\_\_ confirm that \_\_\_\_\_ (child's name) is my child, is less than 18 years old, and is not going as a duly elected representative of my local Baptist church, Baptist Association, Baptist State Convention of N.C. or N. C. Baptist Men, nor as an employee of the Baptist State Convention of N.C. or N. C. Baptist Men.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster relief team, including myself and my child. I understand these dangers and certify that my child is in good health and physically able to perform this work. I agree to be present with my child at all times. I agree that my child will not operate motorized equipment.

I understand that my child is engaging in this project at his/her own risk. I understand that this is a "grass roots" activity to support individuals adversely affected. I assume all risk and responsibility for any damage or injury to my property or any personal injury that my child may sustain while involved in this project, and related medical costs and expenses. I also understand that I have the responsibility of providing my child's health and accident insurance in the event of any illness experienced during this volunteer mission.

In the event that the N. C. Baptist Men arranges accommodations, I understand that they are not responsible for my child's personal effects and property and that they will not provide lockup or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that my child is to abide by whatever rules and regulations may be in effect for the accommodations at that time.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects, unless I, or a representative of the N. C. Baptist Men give notice. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local Baptist Church, my Baptist Association, Baptist State Convention of N. C and/or the N. C. Baptist Men together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my child's participation in this project, and travel or lodging associated therewith.

**PERMISSION TO TREAT AND PHOTO or VIDEO NOTICE**

My permission is granted for the NCBM STAFF, VOLUNTEER STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my child. I also understand that as a participant, my child may be photographed or videotaped during normal mission trip activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, volunteers, the Baptist State Convention of North Carolina and their employees and North Carolina Baptist Men from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while my child is on the mission trip. Please complete and sign below (students under 18 years of age requires parent or legal guardian signature)

PARTICIPANTS NAME (print)/SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN NAME (print)/SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_