

# MEDICAL RELEASE

Valid from July 1, 2023 to June 30, 2024

Medical Release and Health History form for Half Step Ministries

## To be filled out parent/guardian of minor or by adult volunteer/participant/staff

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First MI

Parent or Guardian (or spouse): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street & Number City & State Zip

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street & Number City & State Zip

If not available in an emergency, notify:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street & Number City & State Zip

Do you carry medical/hospital insurance? If so indicate:

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

## IMMUNIZATION HISTORY: Date of last immunization for:

Tetanus: \_\_\_\_\_ Pertussis: \_\_\_\_\_ Diphtheria: \_\_\_\_\_ Polio: \_\_\_\_\_ Measles: \_\_\_\_\_

## HEALTH HISTORY

### ALLERGIES:

Drugs  
Asthma  
Hay Fever  
Insect Stings  
Other \_\_\_\_\_

### OTHER HEALTH CONDITIONS:

Cardiac  
Chronic Asthma  
Nervous Disorder  
Epilepsy  
Physical Handicap  
Diabetes  
Mental Handicap  
Seizure Disorder  
Altitude Restrictions  
Other \_\_\_\_\_

If you have circled any of the above, please give details: \_\_\_\_\_

\_\_\_\_\_

Activity Restriction(s): \_\_\_\_\_

\_\_\_\_\_

## IMPORTANT- THIS SECTION MUST BE COMPLETED FOR HALF STEP MINISTRIES EVENT ATTENDANCE

My child has permission to participate in all Half Step Ministries events, except as noted above. I hereby give permission to the medical personnel selected by the Half Step Ministries event director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician, nurse or dentist selected by the event director to hospitalize, secure proper treatment (including surgery, injection and/or anesthesia) for my child as named above, to include transportation to and from the necessary facilities. This health history is correct so far as I know.

\_\_\_\_\_  
Signature of parent/guardian/adult volunteer/participant/staff

\_\_\_\_\_  
Date