

This **Health History** is to be completed and signed by parents/guardians of minor children or by adult participants themselves

Name _____ Date of Birth _____ M/F _____

Address _____

Parent/Guardian _____ Phone _____

Address _____

In Emergency Notify: _____ Relationship _____

Address _____ Phone _____

Family Physician _____ Phone _____

Part I: Illness or Injuries (check those that apply and give appropriate dates)

Chronic or Recurring Illness

_____ Chicken Pox	_____ German Measles	_____ Mumps
_____ Ear Infection	_____ Fainting	_____ Hearing Impairment
_____ Asthma	_____ Nosebleeds	_____ Seizures
_____ Diabetes	_____ Measles	_____ Heart Defect/Disease
_____ Other (specify) _____		

Activity Restriction: _____ Has Menses Begun _____ yes _____ no

Date of Last Health Examination: _____

Were any complicating medical problems noted in last health examination? _____

Permission to administer Over-the-counter drugs (Tylenol/Imodium/etc.)

Date _____ Parent/Guardian or Adult Participant signature _____

Is participant currently under the care of a physician or psychologist? _____

Since last health exam, has participant had:

a serious injury requiring medical attention? _____ an illness lasting more than five days? _____

any prescribed or over-the-counter medication? _____ a surgical operation or fracture? _____

treatment in a hospital or emergency room? _____ any restrictions concerning physical activities _____

Please explain any "yes" answer to the above questions. Include dates

Part II: Allergies (Check those that apply and specify nature of allergic reaction)

_____ Animals _____ Hay Fever _____ Pollen _____ Food
_____ Medicines/Drugs _____ Insect Stings/Bites _____ Plants _____ Other (specify)

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

Part III: Immunization History

<u>Immunization</u>	<u>Year Primary Series Completed</u>	<u>Year of last booster</u>
D.T.P.	_____	_____
Diphtheria	_____	_____
Tetanus	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella (German Measles)	_____	_____
Oral Polio	_____	_____
Tuberculin Test (most recent results)	_____	
Other	_____	

I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.

Signature of Parent or Guardian _____ Date _____

This health history is correct and I am able to engage in all prescribed activities except as noted.

Signature of Adult _____ Date _____

LIABILITY RELEASE FORM
Release of All Claims

In participating with the Mexico Mission Trip, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant) do hereby release, forever discharge, and agree to hold harmless Mano Amiga, Inc., Eagle Pass, Texas & Stillwater, Minnesota; Denis Larsen; Christ Lutheran Church, **Woodcliff Lake, New Jersey**, and their directors, employees and agents thereof including, but not limited to chaperones, responsible adults and/or organizers from any and all liability, claims or demands for personal injury, sickness, or death, as well as property loss or property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we(I) assume all risk or personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify Mano Amiga, Inc., Denis Larsen, Christ Lutheran Church and their directors, employees and agents thereof including, but not limited to chaperones and other responsible adults and/or organizers for any liability sustained by the corporation as a result of the negligent, willful or intentional acts of participant, including expenses incurred attendant.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take the participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to, emergency surgery or medical treatment, and assume the responsibility of all medical treatment, and assume the responsibility of all medical bills, if any.

Further, we (I) understand that the student cannot use alcohol, tobacco, illegal drugs or firearms, and if these rules are broken, we (I) hereby assume transportation costs immediately returning the child-participant to his/her home.

Name of Participant (print) _____

Participant Signature, if age 21 or over

Father's Signature (if participant is under 21)

Date

Mother's Signature (if participant is under 21)

Emergency Contact and Phone:

Parental Consent and Medical Treatment Authorization

Mexico Mission Trip

organization name _____

Mission Trip Date _____

I, _____, parent and/or guardian of
_____, do hereby give permission for my child _____
(hereafter "my child") to accompany representatives of _____ and participate in the Mexico
Mission Trip sponsored by Mano Amiga Inc., Eagle Pass TX and Stillwater, MN, (date) _____.

I further give permission and authorize my child to travel to Mexico for the mission.

I hereby authorize my child to participate in all activities related to the Mission, including roof
construction, food preparation, swimming, snorkeling, other waterfront activities, jet skiing and
motorbiking (cross out & initial any activities not authorized).

I understand that the mission involves construction of concrete roofs and I realize that such work requires
extensive physical activity from Mission participants. My child is in good physical condition and has not had any
serious illness since his/her last physical examination. I know of no reason(s) why my child should not participate
in prescribed activities except as noted. _____

I understand that this program involves physical labor and is in a remote area of Mexico. While medical attention
is always available, the hospital nearest to the work site is located in Merida. I hereby grant consent to the Medical
Advisor or to the group's attending nurse to give emergency first aid treatment to my child. I
further authorize the above mentioned persons and/or the adult-in-charge to authorize and approve additional
emergency medical assistance in the event that I cannot be reached.

Date _____ Signature of Parent or Guardian _____

Physician's Name _____ Phone _____

Health Insurance Company _____

Policy No. _____ Group No. _____

Photo Release: I consent that Mano Amiga, Inc.
may use photos of my child in this activity to tell the public about the Mission and/or church activities, and I
waive all claims for any compensation for such use or for damages.

Date _____ Signature of Parent or Guardian _____