"Make A Joyful Noise"
Performing Arts
Youth Outreach Ministry, Inc.

Health History and Permission Form

This form will be carried to all activities of "Make A Joyful Noise". This form must be filled out by parents or legal guardians and it is your responsibility to update any change in information.

Member's Name _____
First Initial Last

Address: _____
Number & Street City State Zip

Home Phone: ( ) _____ Birthdate: _____/_____/____ Social Security #: _____/_____/_____

Parent's Name: Mother_____ Father:_____

Work Phone #: _____ Work Phone #: _____

Emergency Contact Person (other than parents) _____

Relationship to member: _____ Home Phone # _____ Work # _____

Medical History:

Current prescription medication _____8 z_____ (As needed _____) (On going_____)

All medication:
Must have parent's permission, signed and dated, with specific dosage instruction.
Must be in original container
Must be turned in to an adult staff member
If a member must keep any medication with them, please notify an adult staff member.
Please refer to medication statement in MAJN Handbook

List any allergies or other health conditions that may need special attention: _____

Can your child swim? _____ Yes _____ No

Name of local physician: _____ Phone #: _____

Family Medical /Hospital Insurance:

Name of company: _____ Policy or Group #: _____

Name of person with the insurance:_____ Insured's Employer: _____

Authorization for Treatment: In the event that I cannot be reached in the case of an emergency, I hereby give permission to the physician selected by "Make A Joyful Noise" CEO or staff permission to secure and administer treatment, including hospitalization, for the member listed above. I will not hold "Make A Joyful Noise" Youth Ministry or it's director, board, staff or volunteers responsible for any financial or legal obligations that may occur due to treatment received. I will be fully responsible for any and all financial responsibilities.

This health history is correct so far as I know, and the member listed above has my permission to engage in all "Make A Joyful Noise" Youth Ministry activities. I am fully aware that the ministry travels and occasionally stays overnight.

Signature of parent or guardian: _____ Date:_____

Please print parent or guardian's name _____