**2023 MISSISSIPPI BAPTIST ALL-STATE YOUTH CHOIR AND ORCHESTRA**

**REMEMBER**

**INSURANCE**

**CARD**

**PHOTOCOPIES**

**STUDENT MEDICAL INFORMATION AND RELEASE FORM**

**This form must be completed and returned to: Worship Ministries, MBCB, P O Box 530, Jackson, MS – By May 19**

**Be sure to attach photocopies of the front and back of insurance card to this form (Print or Type)**

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P O Box or Street # City State Zip Code

**MEDICAL INSURANCE COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF THE INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER “NONE” ABOVE.**

**EMERGENCY CONTACTS:**

First Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY:**  **Do you currently have or have you ever been treated for any of the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** | **CONDITION** | **DETAILS OF CONDITION AND CURRENT TREATMENT** |
|  |  | Contacts/Glasses |  |
|  |  | Legally Blind |  |
|  |  | Removable Dental Appliances |  |
|  |  | Ear/Eyes/Nose/Sinus problems |  |
|  |  | Migraines/Frequent Headaches |  |
|  |  | Head Injury or Concussion |  |
|  |  | Nosebleeds |  |
|  |  | Fainting Spells/Dizziness/POTS |  |
|  |  | Seizures |  |
|  |  | Other neurological problems |  |
|  |  | Thyroid problems |  |
|  |  | High Blood Pressure |  |
|  |  | Adult or congenital heart disease/heart  attack/chest pain (angina)/coronary artery  disease/heart murmur. Any heart surgery or  procedure. Explain all ‘yes’ answers. |  |
|  |  | Stroke/TIA |  |
|  |  | Asthma |  |
|  |  | Obstructive Sleep Apnea/Sleep Disorders |  |
|  |  | Other lung/Respiratory Problems |  |
|  |  | Diabetes |  |
|  |  | Celiac Disease |  |
|  |  | Chron’s Disease |  |
|  |  | Gastric Esophageal Reflux Disease |  |
|  |  | Irritable Bowel Syndrome |  |
|  |  | Motion Sickness |  |
|  |  | Other Abdominal/Stomach/Digestive Problems |  |
|  |  | Kidney or Urinary Tract Problems |  |
|  |  | Blood Disorders/Sickle Cell Disease |  |
|  |  | Muscle or Bone Issues |  |
|  |  | Anxiety/Panic Attacks |  |
|  |  | Depression |  |
|  |  | Other Psychiatric/Psychological/Emotional  Difficulties |  |
|  |  | List all surgeries and hospitalizations |  |
|  |  | Any other medical conditions not covered above |  |
|  |  | List any physical restrictions we should be familiar  with |  |
|  |  | Chicken Pox or Varicella Vaccine? | Date of last Vaccine: |
|  |  | Measle/Mumps/Rubella or Vaccine? | Date of last Vaccine: |
|  |  | Tetanus Vaccine? | Date of last Vaccine: |

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLERGIES**

**ARE YOU ALLERGIC TO OR DO YOU HAVE ANY ADVERSE REACTION TO ANY OF THE FOLLOWING? Please explain any reaction and treatment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** | **ALLERGIES / REACTIONS** | **EXPLAIN** |
|  |  | **Medication** |  |
|  |  | **Food** |  |
|  |  | **Environmental (animal, smoke, mold, etc.)** |  |
|  |  | **Insect bites/stings** |  |

**MEDICATIONS**

**LIST ALL MEDICATIONS CURRENTLY USED, INCLUDING ANY OVER-THE-COUNTER MEDICATIONS.**

** NO MEDICATIONS ARE ROUTINELY TAKEN  IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICATION** | **DOSE** | **FREQUENCY** | **REASON** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Although nurses and other adult chaperones will be available throughout the course of this activity, students are responsible for bringing their own medications and medical equipment/supplies. Furthermore, students are responsible for providing their own routine medical needs. Bring enough medication in sufficient quantities and in the original containers. Make sure medications are not expired, including inhalers and EpiPens. Medications should not be stopped unless instructed by your doctor. Medications brought by students are for their individual use only and are not to be shared with others, including over-the-counter medications.**

**INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION**

I understand that participation in the 2023 Mississippi Baptist All-State Youth Choir & Orchestra rehearsal camp and tour is physically, mentally, psychologically, and emotionally strenuous. I further understand that an accurate health history and pre-participation examiner’s certification is required. I understand that students are responsible for providing their own routine medical needs. Choir medical personnel have permission to administer first aid and over-the-counter medications to meet the needs of \_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

(Student’s Name, Printed)

If a medical emergency should arise while my son/daughter is participating in the 2023 Mississippi Baptist All-State Youth Choir and Orchestra, and I cannot be contacted; I hereby give permission to Elizabeth Knight and the medical personnel to select a physician and/or hospital for his/her care. I also give the hospital and/or physician, as selected by Elizabeth Knight, or other choir medical personnel my permission to hospitalize, treat and to order injections to meet the needs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further authorize release of provided medical information to

(Student’s Name, Printed)

appropriate medical personnel and/or the health insurance company if I cannot be contacted. I will assume primary responsibility for any medical bills.

In consideration of the permission extended to my son/daughter by Worship Ministries, Mississippi Baptist Convention Board to participate in the activities of the 2023 Mississippi Baptist All-State Youth Choir and Orchestra, I hereby release and hold harmless the Mississippi Baptist Convention Board or William Carey University, their officers, directors, agents, employees, property owners, instructors and associates of and from any and all manner of actions and causes of actions, judgments, executions, debts, claims and demands of every kind and nature whatsoever which against them I have had or now have of which I or my heirs, executors or administrators have now or may hereafter have by reason of my son’s/daughter’s participation in the 2023 Mississippi Baptist All-State Youth Choir and Orchestra, as well as, campus operations incident thereto. The undersigned hereby declares that the terms of the herein release and information disclosed have been completely read, and are fully understood and voluntarily accepted.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian)

**Please have form notarized in this space.**

STATE OF MISSISSIPPI COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the said county and state, on this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023,

within my jurisdiction, the within named who acknowledged that the matters contained in the above letter are true and correct.

Sworn to and subscribed before me this, \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {AFFIX NOTARIAL SEAL}

**PRE-PARTICIPATION EXAMINER’S CERTIFICATION**

This form must be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant who is familiar with the student’s medical care.

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You are being asked to certify that this individual has no contraindication for participation in the 2023 Mississippi Baptist All-State Youth Choir & Orchestra rehearsal camp and choir tour experience which can be physically, mentally, psychologically and emotionally strenuous. The parent/guardian should provide the completed Mississippi Baptist All-State Youth Choir & Orchestra MEDICAL INFORMATION AND RELEASE FORM for your review.**

**EXAMINER’S CERTIFICATION**

**I certify that I have reviewed the health history and examined this person and find no contraindications for participation in the 2023 Mississippi Baptist All-State Youth Choir & Orchestra rehearsal camp and choir tour.**

|  |  |  |  |
| --- | --- | --- | --- |
| **True** | **False** | **Statement** | **Explanation** |
|  |  | Does not have uncontrolled heart disease, asthma, or hypertension. |  |
|  |  | Has no uncontrolled psychiatric disorders. |  |
|  |  | Has had no seizure in the last year. |  |
|  |  | Does not have poorly controlled diabetes. |  |
|  |  | Does not have any other poorly controlled medical  conditions. |  |
|  |  | Is capable of providing for his/her own routine  medical needs. |  |
|  |  | Has no medical restrictions to participate. |  |

**Examiner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Examiner’s Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_