



Student Name:

# Student Health and Medical Forms

## Medical History – Medication Allergies

Student is allergic to Amoxicillin

**Yes**      **No**

Student is allergic to Ibuprofen

**Yes**      **No**

Student is allergic to Penicillin

**Yes**      **No**

Student is allergic to Tylenol

**Yes**      **No**

Student is allergic to another medication

**Yes**      **No**

**Explain:**

## Medical History - Allergy History

Student is allergic to insect stings

**Yes**      **No**

**Explain:**

Student is allergic to Shellfish, Eggs, Milk, or Peanuts

**Yes**      **No**

**Explain:**

Student is allergic to other foods

**Yes**      **No**

**Explain:**

Student is allergic to Poison Ivy, Poison Oak, or Sumac

**Yes**      **No**

**Explain:**

## Medical History - Medications

\* Students are responsible to take their own prescription medications

Please indicate if your student is currently taking any medication or will be taking medications during an event.

**Yes**      **No**

If so, please describe:

## Medical History - Health History

Asthma

**Yes**      **No**

Has your student been hospitalized in the last year?

**Yes**      **No**

Blood Disorders

**Yes**      **No**

Physical Disability (muscular/coordination)

**Yes**      **No**

Blind / Legally Blind

**Yes**      **No**

Celiac Disease

**Yes**      **No**

Eczema

**Yes**      **No**

Seizure Disorder

**Yes**      **No**

(Previous) Back or Neck injury

**Yes**      **No**

Other medical concerns

**Yes**      **No**

**Explain:**

**Screening Form for Children and Youth Worker Volunteers**  
**Confidential – Carmel Baptist Church**

The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church sponsored activities.

1. Adults who have been the subject of a criminal investigation of either child sexual/physical abuse or who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
2. Adults who have been the subject of a Dept. of Social Services investigation regarding child sexual/physical abuse where DSS substantiated the abuse shall discuss their desire to work with children or youth with the Care & Counseling Senior Pastor prior to engaging in any volunteer work.
3. All adult volunteers working with youth or children are required to be active constituents of Carmel Baptist Church for a minimum of six months.
4. Adult volunteers should observe the "two adult" rule. This requires that adults are never alone with children or youth without an adult partner. (For exceptions as to youth, please refer to the Child Protection Policy.)
5. Adult volunteers should immediately report any behaviors, which seem abusive or inappropriate to their supervisor.

**Please Answer Each Question. Your Response Will Be Kept Fully Confidential.**

1. As a church volunteer, do you agree to observe all church policies as stated in the Child Protection Policy regarding working with youth or children?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
2. Have you ever been convicted of or pled no contest to a crime?  
\_\_\_\_\_ Yes (Please describe on a separate sheet of paper)  
\_\_\_\_\_ No
3. Have you ever been the subject of a criminal investigation of child sexual or physical abuse?  
\_\_\_\_\_ Yes (Please describe on a separate sheet of paper)  
\_\_\_\_\_ No
4. Have you ever been the subject of a Dept. of Social Services investigation regarding child sexual or physical abuse where DSS substantiated the abuse?  
\_\_\_\_\_ Yes (Please describe on a separate sheet of paper)  
\_\_\_\_\_ No

*If you prefer, you may refuse to answer question 4, or you may discuss your answer in confidence with the Care & Counseling Senior Pastor rather than answer it on the form. Answering yes, or leaving the question unanswered will not automatically disqualify an applicant for children or youth work.*

I have read the Child Protection Policy and agree to observe the safeguards listed.

**PLEASE PRINT**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Ministry Head Approval \_\_\_\_\_

Date \_\_\_\_\_



## Travel Insurance Form

It is the policy of the Missional Outreach Ministry that all participants on mission trips have travel insurance. Carmel Baptist Church will fulfill this requirement by purchasing coverage for participants for the period they are on the trip. The church will cover the cost of this coverage. Your insurance will be provided by Gallagher Charitable International Insurance Services.

### Summary of Coverage Highlights

Benefit	Limit	Comments
Accidental Death & Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or age 70 and over
Medical Expenses \$100 deductible	\$10,000	Primary coverage; \$2,500 of this limit is available to pay U.S. or Canadian providers; no pre-existing condition exclusion
Disability Income Benefit (no benefit if under age 12 or 70 and over)	\$1,000/mo \$ 500/mo \$ 250/mo	First 100 months - Accident Months 101 - 200 - Accident 50 Months - Sickness (after 3 month waiting period)
Assistance Services	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by Specialty Assist
Emergency Medical Evacuation	\$100,000	Coordinated by Specialty Assist; will bring insured back to U.S.A.; no pre-existing condition exclusions
Crisis Management Service	Included	Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by red24
Security Evacuation	\$100,000	Coordinated by red24; for evacuation due to natural disasters, civil unrest, crime, kidnap or hostage situations
Family Coordination & Repatriation of Mortal Remains	\$25,000	Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation.
Personal Property \$100 deductible	\$2,500	"Door to door", replacement cost coverage; includes checked baggage; higher limits available upon request
General Liability	\$1,000,000	Worldwide jurisdiction; includes coverage for injury to a volunteer; covers volunteer and sending organization

**Please complete the Following:**

**TRAVEL INSURANCE INFORMATION**

I hereby authorize Carmel Baptist Church to purchase on my behalf the necessary travel insurance for the duration of my short-term mission trip. I am furnishing the information below that is necessary to purchase the insurance.

Full Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at date of departure\*: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Carmel Baptist Church will secure accident and injury insurance for each volunteer during the mission trip. The following information is needed to secure this insurance:

Beneficiary Full Name \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- *Parent's signature if under 18, self-signed if 18 or over)*