



INTERNATIONAL ORDER OF JOB'S DAUGHTERS PERSONAL HEALTH FORM FOR WISCONSIN



My Daughter _____ of Bethel # _____ has permission to accompany Wisconsin Job's Daughters of the International Order of Job's Daughters to all activities and events by said Order when accompanied by the adults of the same Organization. The information on this form will be used at the discretion of the Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter.

Name _____ Date of birth: ____/____/____ Initiated: ____/____/____

Address: _____ Home Phone: (____) _____

Hair color: _____ Height: _____ Weight: _____ Eye color _____ Identifying marks/scars _____

List any medications needed regularly: _____

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities? _____

Does your Daughter have any reactions to drugs, food, insect bites, etc.? Please explain and give reaction and treatment _____

Has your daughter menstruated? _____ If not, has she been told about it? Y / N

Date of last Tetanus Immunization: ____/____/____ Does she wear corrective lenses? Y / N Contact lenses? Y / N

Parents' names: _____ Address (if different) _____

Home Phone: Father (____) _____ Mother (____) _____

Work Phone: Father (____) _____ Mother (____) _____

If not available: Name/Relationship _____ Phone: _____

Family M.D. _____ M.D. Phone: (____) _____

Insurance: Carrier: _____ Policy#: _____ Group: _____

We, the undersigned, parents/guardians of _____ do hereby grant Wisconsin Job's Daughters and/or chaperones of Wisconsin Job's Daughters authority to exercise supervision of our daughter during the time she is participating in a Job's Daughters event. We hereby release said Wisconsin Job's Daughters and/or its chaperones from any liability caused by our daughter's participation in the event.

Further, we authorize the Wisconsin Grand Guardian Council and/or chaperones to obtain for our daughter whatever emergency medical aid might be necessary as a result of injuries received during said activities, and we agree to pay all costs of the same. We further agree to reimburse said chaperones for any monies advanced by them for such purpose, and to further indemnify and hold said chaperones harmless from any and all claims for medical bills or medical expenses arising from any such medical aid so rendered to or for said daughter.

The undersigned _____ agrees _____ does not agree that our daughter may be photographed and identified on the web site produced by Wisconsin Grand Guardian Council.

Father/Legal Guardian _____ Date: _____

Mother/Legal Guardian _____ Date: _____

PICTURE AND COPY OF INSURANCE CARD ARE TO BE ATTACHED TO THIS FORM. ANY CHANGES IN DAUGHTER'S CONDITION MUST BE REPORTED AND A NEW FORM SUBMITTED.