

New Jerusalem Community Development Corporation

Health/Emergency Information

Child's Name: _____ Child's Age: _____

Has your child had any serious or severe illnesses or accidents in the past 3 years? Yes No

If yes, explain _____

Does your child have any allergies? Yes No if yes, please list: _____

Does the child take any medication during the day? Yes No if so, a medication release form is required.

Please list medications: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Insurance Information

Insurance Company: _____ Policy/Group #: _____

Insurance Disclaimer

NJCDC does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participants and his/her insurance carrier.

Initial _____

Consent for Emergency Medical Treatment

As the parent, legal guardian, or authorized representative, I hereby give consent to NJCDC to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S.) for _____

This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

Initial _____

Child's Health Statement

I, the undersigned, parent/guardian, understand that at NJCDC program physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the emergency/health information) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform NJCDC of any restrictions of my child's activities.

Initial _____

Transportation authorization

I hereby give consent to NJCDC and its designated leaders to take my child on walking fieldtrips in the neighborhood, public park facilities, special excursions to places of interest in NJCDC vans, buses, commercial vehicles, public transportation, or rented vans or buses, with the understanding that such trips are under supervision of authorized personnel of NJCDC and that all possible precautions are taken to ensure the health and safety of my child.

Initial _____

Photographic Release

I, _____, in exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, hereby give NJCDC, including its volunteers, employees, and any other persons and entities acting with permission, or upon its authority, the absolute right and permission to take, copyright, use, and publish any photographs or videos of or concerning me for the purpose of NJCDC advertising, education, promotion, or other purpose consistent with NJCDC mission. I agree that any such photograph or video is exclusively property of NJCDC, and I hereby waive all right thereto. I further waive any and all rights to inspect and/or approve any printed or electronic material that may be use in conjunction with the photographs or videos, or to approve the use to which the photographs or videos may be applied.

Initial _____

HIPAA Compliance

The New Jerusalem Community Development Corporation abides by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you have questions about how the health information about students of the system may be used and disclosed please contact Sabrina Bouie-Floyd at 777 NW 85th Street, Miami, FL 33150, (305) 693-8323.

Initial _____

I HAVE READ AND AGREE TO THE ABOVE INFORMATION:

Parent/Guardian Signature

Date

Printed Name: _____