

# No Boundaries Ministry

10435 Kerns Road

Huntersville, North Carolina 28078 USA

Phone 704-458-3696

## Confidential Medical History Form

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Please answer all questions. Explain any 'YES' answers in the space provided below.

HAVE YOU EVER HAD, OR DO YOU HAVE, ANY OF THE FOLLOWING?

Abnormal Blood Pressure	Eye Trouble	Penicillin Allergy
Allergies	Fainting/Dizziness	Recurrent Diarrhea
Anemia	Gall Bladder Problems	Recurrent Headaches
Anorexia Nervosa	Head Injury	Rheumatism/Arthritis
Appendectomy	Heart Trouble	Shortness of Breath
Asthma	Hepatitis	Skin Conditions
Back Problems	Hernia Repair	Stomach/duodenal ulcer
Broken Bones	Insomnia	Surgery
Bulimia	Intestinal Troubles	Tonsillectomy
Diabetes	Jaundice	Tumor; Cancer
Dislocation of Joints	Kidney Disease	Venereal Disease
Ear Trouble	Knee Problems	Weakness
Eating Disorders	Mental Disorders	Other (specify)
Epilepsy	Paralysis	

Females Only

Irregular Periods      Severe Cramps      Are you pregnant?  
Explain

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Are you allergic to any of the following? If yes, please describe your reaction and how you treat it.

Environmental Agents    Foods    Insect Bites    Medication (penicillin, aspirin, other drugs )    Other

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Do you have any physical handicaps or health conditions that require special attention? Explain.

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Are you now, or have you recently been, under a doctor's care for any conditions? If yes, explain.

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Do you presently take any medication on a regular basis? If yes, explain.

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**Notarized Consent Form for Minor**

**MEDICAL RELEASE, CONSENT FOR TREATMENT, LIABILITY RELEASE**

This release is for \_\_\_\_\_  
(full name of minor).

I/We, the undersigned, hereby give permission to No Boundaries Ministry, its representatives and all attending health care professionals (including but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to treat, hospitalize, anesthetize, or perform surgery on my son or daughter, \_\_\_\_\_, as is required.

I/We, the undersigned, release, acquit, discharge and covenant to hold harmless No Boundaries Ministry and its representatives from all actions, damages or liabilities arising out of treatment of any sickness or accident incurred by my son or daughter's participation on the trip. It is the intention of this release that No Boundaries Ministry and its representatives incur no liability whatsoever while attempting to meet all medical needs that my son or daughter may require during the trip.

I/We understand that I am personally responsible for any medical expenses that may be incurred on behalf of my son or daughter.

I/We hereby release No Boundaries Ministry, its agents, employees, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person(s) during the course of involvement with No Boundaries Ministry.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

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State of \_\_\_\_\_, County of \_\_\_\_\_.

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

**LEGAL CONSENT FOR MINOR**

**TRAVELING OUTSIDE THE UNITED STATES OF AMERICA**

I/We hereby give consent for \_\_\_\_\_  
FULL NAME OF MINOR

to travel outside of the United States of America with No Boundaries Ministry.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

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*State of* \_\_\_\_\_, *County of* \_\_\_\_\_.

*Sworn to and subscribed to me this* \_\_\_\_\_ *day of* \_\_\_\_\_, 20\_\_\_\_\_.

*Notary Public Signature* \_\_\_\_\_

*My commission expires* \_\_\_\_\_