



## STATE TRAVEL HEALTH EVALUATION FORM

**PARENTS READ THIS FIRST:** Participation in THE BEAUTIFUL SPIRITED WOMEN program is contingent upon review of a parents's completed State Travel Health Evaluation Form." Read this form closely and complete it fully and accurately. Parents should complete the pages. Then, participants should share the first two pages of the form with a licensed health care provider who will review the student's responses and complete the third and fourth pages after conducting a physical evaluation of the student. The form should then be returned to the Beautiful Spirited Women at the e-mail listed on page four.

### PARENT INFORMATION (To be completed by parent):

Participant Name:                      Date of birth:                      Age:

### MEDICAL HISTORY/CURRENT MEDICAL CONDITIONS (To be completed by parent):

Do you daughter currently experience or have you been treated in the past for the following conditions.  
Please circle YES or No and provide more details on back of form if you circle Yes.

- |   |   |
|---|---|
| YES or NO Allergies to medication         | YES or NO Kidney/urology problems                       |
| YES or NO Allergies of any kind           | YES or NO Liver or gall bladder problems                |
| YES or NO Anaphylactic Shock              | YES or NO Menstrual problems                            |
| YES or NO Asthma                          | YES or NO Narcotic/alcohol dependency                   |
| YES or NO Heart Murmur                    | YES or NO Psychological/emotional/psychiatric condition |
| YES or NO Chronic respiratory problems    | YES or NO Neurological condition                        |
| YES or NO Chronic digestive/GI problems   | YES or NO Orthopedic injury or condition                |
| YES or NO Diabetes                        | YES or NO Recent weight loss                            |
| YES or NO Dietary restrictions            | YES or NO Skin or ACNE condition                        |
| YES or NO Dizziness/fainting spells       | YES or NO Sleeping difficulty                           |
| YES or NO Eating disorder                 | YES or NO Thyroid/endocrine problems                    |
| YES or NO Epilepsy or seizures            | YES or NO Trouble with ear, nose or throat              |
| YES or NO Gastrointestinal trouble        | YES or NO Tuberculosis                                  |
| YES or NO Head aches/migraine             | YES or NO Sexually transmitted infection                |
| YES or NO Head injury                     | YES or NO Vision correction                             |
| YES or NO Heart or circulatory conditions | YES or NO Vaccinated                                    |
| YES or NO High blood pressure             | YES or NO Any Issues with Behavior                      |
| YES or NO Hypoglycemia                    | YES or NO Any Mental Conditions                         |
| YES or NO Infectious disease              | YES or NO Any Social Issues                             |
| YES or NO Jaundice/hepatitis              | YES or NO to any disabilities                           |

### Board Members

Founder/Executive Director: Crystal Clark-Chatman  
 Board Associate Director: La'Keisha Gomes  
 Board President : Dr. Angella Palmer-Banks  
 Board Secretary: Cherie Carroll  
 Board Treasurer : Melissa P. Bledsoe  
 Board Community & Sponsorship Director: Foluke Houston-Gaddis  
 Board Youth Leader: Asia Bigsbee  
 Board Youth Leader: Ayana Sauders

### Contact

Beautiful Spirited Women  
 P.O. Box 9201  
 Memphis, TN 39190  
 Email- beautifulspiritedwomen@gmail.com

### Social Media

Facebook: @bsw blessings  
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## STUDENT HEALTH QUESTIONS (To be completed by parents):

1. Are you required to or do you currently wear a health emergency bracelet? Circle: Yes No
2. Have ever been hospitalized or treated in an emergency room? Circle: Yes No
3. (If yes, please provide treatment details to your health care provider completing your exam).
4. Are you currently taking any medication? Circle: Yes No
5. (If yes, please list the medication(s), how often you take the medication(s), and the condition(s) being treated on a separate sheet.)
6. I have been provided with information on traveling with medication. I acknowledge that I will check on the availability of my daughter's medication in the city in which she will attend with Beautiful Spirited Women during the scheduled dates.
7. I will also list the medications she take on this form.
8. I understand that shipping certain medications can be illegal and/or not reliable. \_\_\_ (initial)
9. Are you currently receiving, or have you received in the past two years, counseling for any emotional problem, drug addition, alcoholism, psychiatric condition, or eating disorder? Circle: Yes No

(If yes, please attach an additional form with details.)

### Authorization and Acknowledgement Regarding Student Health Information: (To be completed by the parent)

Participation in Beautiful Spirited Women program or event is contingent upon review of a parent's completed health form. Traveling to another city of state can be a physically and mentally challenging experience for our youth girls. Mild or pre-existing health conditions can become serious for some participants as they transition into an unfamiliar culture and environment. Full disclosure of a student's health history is necessary for the Board of Directors and Team, working in conjunction with the Beautiful Spirited Women program, to assess health-related risks posed by participation in our program or event, to help prepare participants for their travel experience, and, in an emergency, arrange for the provision of healthcare services.

- I hereby verify that all of the information contained in this form and any attachments I have provided is accurate and complete and that I have shared this information with my health care provider. I acknowledge that any failure to provide accurate and complete information may result in my dismissal from the Beautiful Spirited Women traveling or event program.
- I authorize the information contained in this form to be shared with the Board of Directors and the Team for purposes of assessing health-related risks posed by my participation in the travel or event program, preparing my daughter for her traveling experience, and, if necessary, assisting me to obtain healthcare services.
- I agree to notify the Board of Directors and Team of any material changes in my health, affecting the accuracy or completeness of the information contained in this form or any attachments I have provided, that occur prior to the start of or during of the program. I acknowledge that any failure to provide such notice may result in my dismissal from the travel or event program.
- In the event of an emergency, I authorize the Board of Directors and Team to disclose my daughter's health information from this form, any attachments I have provided, and the Health Care Provider Form to any designated emergency contacts and appropriate treatment personnel. To the extent my health information includes mental health-related information, alcohol or substance abuse treatment information, and/or my HIV or other communicable disease status, I specifically authorize the Board of Directors and Team to disclose such information in the event of an emergency.

The information disclosed will be kept confidential in accordance with applicable law. Disclosure of your information will only be made to appropriate individuals, and handled with the highest levels of discretion in order to protect your privacy.

The conditions of this form have been explained to me and my questions have been satisfactorily answered.

This authorization is effective from the date indicated below and is valid until revoked. You may revoke this authorization by submitting a written request to the Board of Directors and Team but any such revocation shall not affect disclosures previously made by Beautiful Spirited Women prior to the receipt of such written revocation.

Parent/Guardian signature if under 18 \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE:** Please attach a copy of the front and back of your health insurance card. This card will only be used for EMERGENCY ONLY!

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## **MEDIA RELEASE FORM**

**(To be completed by parents):**

### **Media Release Form for Minors (if under 18)**

Beautiful Spirited Women has my permission to use my or my child's media content publicly to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

### **Photo Release Form for Adults**

Beautiful Spirited Women has my permission to use my media publicly to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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## PARTICIPANT LIABILITY

(To be completed by parents):

Youth Program Liability Waiver

Name of youth participant \_\_\_\_\_ Age \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY FOR YOUTH PROGRAMS & EVENTS

**EVENT DESCRIPTION: 6th Annual #WECANBSW Cabin Fever Edition**

Please read this Acknowledgement of Risk and Waiver of Liability for Youth Program carefully and in its entirety; it is a binding legal document.

Return signed forms to subject line: **6th Annual #WECANBSW Cabin Fever Edition-Email: beautifulspiritedwomen@gmail.com**

By signature, with full knowledge of the facts and circumstances surrounding the **EVENT**, I acknowledge my child's participation in the **EVENT** may expose him/her to actions, events, and environments that may be hazardous to his/her person and/or property. I acknowledge that I am solely responsible for any action that my child may participate in associated with this **EVENT** or around this **EVENT**, regardless if occurring before, during or after the period of the **EVENT**.

- I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in the **EVENT**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in the **EVENT**.
- I will indemnify and hold Beautiful Spirited Women, acting by and through the State of Tennessee, its team members that are traveling with my daughter harmless with respect to any and all claims, injuries, and costs associated with my child's participation in this **EVENT**.
- It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend **BEAUTIFUL SPIRITED WOMEN** from any claim by the aforementioned parties arising out of my participation in the **EVENT**.
- I recognize and acknowledge that the Beautiful Spirited Women makes no guarantees, warranties, representations, or other promises relative to the **EVENT**, and assumes no liability or responsibility for injury or property damage that my child may sustain as a result of participation in the **EVENT**.
- I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

### SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties here to and its terms are contractual and not a mere recital. Further, I certify that I am the parent or legal guardian of the above-named participant in the **EVENT**. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a child. I acknowledge that my child and I have agreed to the terms and conditions of my child's participation in the **EVENT**, and I hereby give my consent to participation by my child in the **EVENT**, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend **BEAUTIFUL SPIRITED WOMEN** from and against all claims, demands or suits that my child has or may have.

SIGNATURE & DATE \_\_\_\_\_

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