



# Medical History: CONFIDENTIAL

## Health Insurance

Health insurance is not a requirement to participate in YAC. However, if you have health insurance, please attach a copy of your insurance card.

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Certificate/policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## Health History

Check any that apply to your child.

Rheumatic Fever  Epilepsy  Diabetes  Asthma  Convulsions

Please list any other medical or mental conditions that affect your child:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Check any that apply to your child.

Asprin  Bee Sting  Penicillin

Other: \_\_\_\_\_

Foods: \_\_\_\_\_

Drugs: \_\_\_\_\_

Does your child have any precautions to observe or activity limitations? Explain.

\_\_\_\_\_  
\_\_\_\_\_

Please list your child's current medications (include name, purpose, and dose).

\_\_\_\_\_  
\_\_\_\_\_

What else do we need to know about your child's physical or mental health?

\_\_\_\_\_  
\_\_\_\_\_

## Medical Treatment Authorization

The Midland Area Community Foundation/YAC Staff must have permission to authorize routine surgical medical care for YAC participants. Permission is also required to authorize certain services, such as x-rays, laboratory tests, and emergency room services. These services are readily available at nearby community hospitals.

The authorization is for the use of these services when deemed advisable by the medical staff at the hospital. In the event of any other routine medical problems, we will advise parent/guardians immediately.

I HEREBY GIVE PERMISSION TO THE MIDLAND AREA COMMUNITY FOUNDATION STAFF TO AUTHORIZE EMERGENCY MEDICAL AND SURGICAL TREATMENT AND ROUTINE NON-SURGICAL MEDICAL CARE FOR MY CHILD.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Confidentiality Agreement for Volunteers

I, the undersigned, as a volunteer acting on behalf of the Midland Area Community Foundation (the "Foundation"), understand that in the course of my volunteer activities I may obtain information about the Foundation, its donors, and its prospect that is confidential and/or proprietary to the Foundation.

Such "Confidential Information" includes:

- (1) any Foundation information regarding an individual or corporate Foundation donor or prospect, including but not limited to, donor records, lists, addresses, assets, trusts, family data, estate or tax information, charitable giving history, or gifts to or services provided for donors by the Foundation;
- (2) all nonpublic financial information concerning the Foundation, including but not limited to, salaries paid to employees, spending policy projections, investment and similar information;
- (3) all plans and projections for new or developing resources of the Foundation, including marketing and fund raising techniques;
- (4) all information relating to the Foundation's resource development activities, employee lists, personnel matters, trade secrets and other confidential or proprietary information; (5) information obtained as part of the grant review process; or
- (6) any of the information described in subsections (1) through (5) of this paragraph that the Foundation obtains from another party or entity and that the Foundation treats or designates as confidential or proprietary information, whether or not such information is owned or was developed by the Foundation.

I have been advised of the Foundation's Policy on Confidentiality of Donor Records and Donor Anonymity, and I agree to comply with this policy.

I agree that I will not, without prior written approval by an officer of the Foundation: (1) misappropriate, (2) use for the purpose of competing with the Foundation, either directly or indirectly, or (3) disclose to any third party, either directly or indirectly, all or any part of any Confidential Information, regardless of whether or not developed by me during the course of my activities on behalf of the Foundation, unless the use or disclosure of any Confidential Information is required to carry out my assigned duties on behalf of the Foundation.

I understand and agree that all grant files, contribution files, donor records, donor lists, charitable gift information, resource development data, manuals, letters, contracts, agreements, notes, notebooks, records, minutes, reports, memoranda and all other Foundation materials, documents and data used, prepared or collected by me as part of my activities on behalf of the Foundation, in whatever form, are and will remain the property of the Foundation. Upon the end of my volunteer activities with the Foundation, I will return to the Foundation all such documents, records, and other Foundation property, including anything containing Confidential Information.

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Signature of Student

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Date

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Signature of Parent/Guardian

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Date

## Transportation Agreement

On occasion, Midland Area Community Foundation/YAC Staff and Volunteers need to provide transportation for your child. We would like to have your permission to transport your child if the need should arise. Please sign below to give us permission to do so.

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Signature of Parent/Guardian

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Date

**Media Release**

I (we) give my (our) permission to the Midland Area Community Foundation to use my child's photograph or any likeness for publicity relating to the Midland Area Community Foundation for this or similar promotions and grant to the Midland Area Community Foundation any and all rights to said use without further compensation. It is my (our) understanding that my signature below releases the Midland Area Community Foundation from any financial or legal responsibility for the use of this media relations/promotional material(s).

This material will be used in the form of NEWS RELEASES, PHOTOGRAPHS, VIDEO and AUDIO to be used for the purpose of promoting the Midland Area Community Foundation for an indefinite period of time, unless specified below.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

**Conflict of Interest/Duality of Interest Disclosure Statement**

Business or Other Interests

Please disclose any other employment or financial interest which **you or a member of your immediate family** may have as either an officer, director, trustee, partner, employee or agent of any business organization which might give rise to a possible conflict of interest or duality of interest with the community foundation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charitable or Civic Involvement

Please disclose all official positions which **you or any member of your immediate family** may have as a director, trustee or officer of any charitable, civic or community organization as well as any unofficial roles such as significant donor, volunteer, member, advocate or advisor which might give rise to a possible conflict of interest or duality of interest between you and the community foundation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMINDER:** If at any time there is a matter under consideration which may constitute a direct or indirect conflict of interest or duality of interest, it is your obligation to disclose the facts to the Board of Trustees or to the committee on which you are serving, to abstain from voting and to refrain from using your personal influence on the matter.

\_\_\_\_\_  
Signature of Student \_\_\_\_\_  
Date



**CITY OF MIDLAND  
PARKS AND RIGHT-OF-WAY AREA MAINTENANCE  
HOLD HARMLESS AGREEMENT  
VOLUNTEERS**

I, \_\_\_\_\_, desire to do volunteer service work within the City of Midland parks and/or right-of-ways on \_\_\_\_\_ (date). I understand that safety is top priority for the City of Midland and that I will not be required to do anything that I feel is unsafe or that I am uncomfortable with regarding the safety of the task, equipment, etc.

I agree, to the fullest extent permitted by law, to indemnify and hold harmless the City of Midland, its elected and appointed officials, employees, volunteers and others working on behalf of the City against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City, its elected and appointed officials, employees, volunteers and others working on its behalf, by reason of personal injury, including bodily injury or death and/or property or equipment damage, including loss of use thereof, which arises out of or is in any way connected or associated with the volunteer work to be performed with the City of Midland parks and/or right-of-ways.

DATE: \_\_\_\_\_

WITNESSES:

Volunteer:

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Prepared by James O. Branson III, City Attorney

**Reference:** City of Midland Code of Ordinances §22.1(a)(2)