

# Georgia Cumberland Conference Health History Form

|                                                                                                                                                                                            |                                                          |                                                    |                                                          |                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|--|
| Applicant's Legal Name:                                                                                                                                                                    |                                                          | Birthdate: <u>Month</u> / <u>Day</u> / <u>Year</u> |                                                          | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |  |
| Club Name:                                                                                                                                                                                 |                                                          | Director Name:                                     |                                                          |                                                                       |  |
| Mailing Address:                                                                                                                                                                           |                                                          |                                                    |                                                          |                                                                       |  |
| City:                                                                                                                                                                                      |                                                          | State:                                             |                                                          | Zip:                                                                  |  |
| Is a child, who has legal custody? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other                    |                                                          |                                                    |                                                          |                                                                       |  |
| <b>Emergency contact in case of illness or injury for child it must be a Parent/Guardian with legal custody:</b>                                                                           |                                                          |                                                    |                                                          |                                                                       |  |
| Name:                                                                                                                                                                                      |                                                          |                                                    |                                                          | Relation to Applicant:                                                |  |
| Primary Phone:                                                                                                                                                                             |                                                          | Alternate Phone:                                   |                                                          |                                                                       |  |
| <b>2nd adult location or other emergency contact (optional):</b>                                                                                                                           |                                                          |                                                    |                                                          |                                                                       |  |
| Name:                                                                                                                                                                                      |                                                          |                                                    |                                                          | Relation to Applicant:                                                |  |
| Primary Phone:                                                                                                                                                                             |                                                          | Alternate Phone:                                   |                                                          |                                                                       |  |
| <b>Additional contact in event parent(s) cannot be reached (optional):</b>                                                                                                                 |                                                          |                                                    |                                                          |                                                                       |  |
| Name (s):                                                                                                                                                                                  |                                                          |                                                    |                                                          | Relation to Applicant:                                                |  |
| Primary Phone:                                                                                                                                                                             |                                                          | Alternate Phone:                                   |                                                          |                                                                       |  |
| <b>Health Care Providers</b>                                                                                                                                                               |                                                          |                                                    |                                                          |                                                                       |  |
| Physician:                                                                                                                                                                                 |                                                          | City:                                              | Office Phone: ( )                                        |                                                                       |  |
| Dentist:                                                                                                                                                                                   |                                                          | City:                                              | Office Phone: ( )                                        |                                                                       |  |
| Orthodontist:                                                                                                                                                                              |                                                          | City:                                              | Office Phone: ( )                                        |                                                                       |  |
| <b>Health Insurance Information</b>                                                                                                                                                        |                                                          |                                                    |                                                          |                                                                       |  |
| Is applicant covered by family health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                  |                                                          |                                                    |                                                          | Policy Holder                                                         |  |
| Insurance Company:                                                                                                                                                                         |                                                          | Phone: ( )                                         |                                                          | Holder's Birthdate: <u>Month</u> / <u>Day</u> / <u>Year</u>           |  |
| Employer:                                                                                                                                                                                  |                                                          | Policy Number:                                     |                                                          | Group Number:                                                         |  |
| <b>Immunizations</b>                                                                                                                                                                       |                                                          |                                                    |                                                          |                                                                       |  |
| Are all your immunizations, required for school, up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                      |                                                          |                                                    |                                                          |                                                                       |  |
| Tetanus Status: Month: _____ Year: _____ (The month and year of the most recent Tetanus shot is required)                                                                                  |                                                          |                                                    |                                                          |                                                                       |  |
| If doctor advised, may Tetanus Immunization be administered? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |                                                          |                                                    |                                                          |                                                                       |  |
| If applicant has not been fully immunized, please sign the following statement:<br><input type="checkbox"/> I understand and accept the risks from my/our child not being fully immunized. |                                                          |                                                    |                                                          |                                                                       |  |
| *Legal Parent/Guardian's Signature _____                                                                                                                                                   |                                                          |                                                    |                                                          | Date: _____                                                           |  |
| <b>General Health History:</b> Check "Yes" or "No" if the child has or has a history of the following:                                                                                     |                                                          |                                                    |                                                          |                                                                       |  |
| 1. Asthma/asthma-like                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Seizure Disorder                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 2. Crustacea                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Fainting or dizziness                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 3. Back or joint problems                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Heart Condition                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 4. Headaches                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Stomach Upsets                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 5. Diabetes                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Speech, Disposition etc.                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 6. Bone Issues                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Sleep problems or Sleepwalking                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 7. Bruises                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Hemophilia/bleeding disorders                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 8. Ear Infections/Ear Tubes Inserted                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Communicable Infectious Diseases               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| 9. Frequent Cold/Throat                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Eye Glasses/Contacts (check)                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                       |  |
| Other (not listed): _____                                                                                                                                                                  |                                                          |                                                    |                                                          |                                                                       |  |
| <b>List any Hospitalizations, Surgeries or Broken Bones:</b>                                                                                                                               |                                                          |                                                    |                                                          |                                                                       |  |
| Year                                                                                                                                                                                       | Hospitalization/Surgery/Broken Bones                     | Explanation                                        |                                                          |                                                                       |  |
|                                                                                                                                                                                            |                                                          |                                                    |                                                          |                                                                       |  |
|                                                                                                                                                                                            |                                                          |                                                    |                                                          |                                                                       |  |

# North American Division General Conference Working Policy

**California (State).**



## **North American Division General Conference Working Policy:**

The Praeger Handbook of Faith-Based Schools in the United States, K-12 Thomas C. Hunt, James C. Carper, 2012-08-06

Exploring a subject that is as important as it is divisive this two volume work offers the first current definitive work on the intricacies and issues relative to America's faith based schools. The Praeger Handbook of Faith Based Schools in the United States K 12 is an indispensable study at a time when American education is increasingly considered through the lenses of race ethnicity gender and social class. With contributions from an impressive array of experts the two volume work provides a historical overview of faith based schooling in the United States as well as a comprehensive treatment of each current faith based school tradition in the nation. The first volume examines three types of faith based schools: Protestant schools, Jewish schools, and Evangelical Protestant homeschooling. The second volume focuses on Catholic, Muslim, and Orthodox schools and addresses critical issues common to faith based schools among them state and federal regulation and school choice as well as ethnic cultural confessional and practical factors. Perhaps most importantly for those concerned with the questions and controversies that abound in U.S. education the handbook grapples with outcomes of faith based schooling and with the choices parents face as they consider educational options for their children.

**Working Policy, North American Division General Conference of Seventh-Day Adventists.** North American Division, **The General Conference Confronts Apostasy** Russell R. Standish, Colin D. Standish, 2006

The Elephant in the Room Sadrail Saint-Ulysse PhD MDiv, 2022-04-12

I write this book to do something that most would consider unwise as a current employee of the Seventh day Adventist Church. I call or appeal for systematic change in policies that have kept the financial support from tithe and other sources to Adventist elementary and other sources to Adventist schools at minimal. Please don't think of me as a brave one who dares to go where many have not gone before. I am not. I speak out because we need policy changes at every level. Fairness is not giving everyone the same thing but to give each person what he or she needs to succeed. Many businesses are rethinking how to move forward post the pandemic. We too as a church need to do the same. In the Old Testament God instructed his people to pass on their faith to their children by intentionally teaching them God's statutes and commandments. Deuteronomy 6:4-8 and Isaiah 54:13. Similarly the Christian Church receives its marching orders from Jesus in the Great Commission found in Matthew 28:16-20. Jesus directs the church to make disciples of all nations by baptizing and teaching. Church schools are needed to partner with parents and the church as a whole to educate children. Ellen G. White, cofounder of the Seventh day Adventist Church who earlier encouraged the Seventh day Church to focus on foreign missions stated in addressing church schools in the book Testimonies for the Church volume 6 that the children are not to be neglected. She writes: We cannot call ourselves true missionaries if we neglect those at our very doors who are at the most critical age and who need our aid to secure knowledge and experience that will fit them for the service of God. Her solution to financing church schools is simple: Let all share the expense. Enrollment in Christian elementary and secondary schools have

been dropping nationwide Many families in North America especially new immigrant families are not able to afford the tuition to send their children to church schools Several church schools have closed In this book Dr Sadrail Saint Ulysse an ordained minister and educator of the Seventh day Adventist Church addresses the challenges of operating Christian schools at the elementary and secondary levels after serving for nearly twenty five years as a pastor and educator with the hope that the burden of operating church schools can be shared by the entire church local state national and worldwide to alleviate this burden The book challenges parents teachers principals school boards church members and church leaders at every level to make the needed policy changes to ensure that church schools are financed in a sustainable manner

**Constitution, Bylaws and Working Policy of the General Conference of Seventh-day Adventists, North American Division** General Conference of Seventh-Day Adventists. North American Division,1970 **Decisions and Orders of the National Labor Relations Board** United States. National Labor Relations Board,2000 **Seventh-day Adventist Church Manual.**

General Conference of Seventh-Day Adventists,2005 California. Court of Appeal (4th Appellate District). Division 2. Records and Briefs California (State)., *Labor Relations Reference Manual* ,2000 Vols 9 17 include decisions of the War Labor Board

Seeking a Sanctuary Malcolm Bull,Keith Lockhart,2007 The story of a large yet little known Protestant denomination

Health and Wholeness Across Cultures Katia Garcia Reinert,2025-09-16 Every human was created to experience health and wholeness but due to sin brokenness is all around us God invites us to collaborate with Him in His mission to restore humanity As Seventh day Adventists sharing health healing and wholeness is an integral part of our mission This comprehensive book by Dr Katia Reinert is a must for anyone who is interested in embracing God s mission of health and healing across cultures It provides solid spiritual historical cultural scientific practical and programmatic foundations to explain WHY we should be involved WHAT we must share and HOW to be effective *Constitution, Bylaws and Working Policy of the General Conference of Seventh-day Adventists, North American Division* North American Division of Seventh-day Adventists,1981

God's Other Arm Colin D. Standish,Russell R. Standish,2006 **Working Policy** General Conference of Seventh-Day Adventists. Divisions. North American,1971 **Woman's Place Seventh Day**

**Adventist Women in Church and Society** Rosa Taylor Banks,1992 This book looks historically at the changing relationship between the Adventist Church and its female members Are we making progress How are things changing How can we help ourselves experience greater fulfillment in our lives and service to God Foreword Adventist Women of Hope Elizabeth Sterndale Introduction Adventist Women Achievers Too Rosa Taylor Banks Chapter 1 A Theology of Woman Beatrice S Neall Chapter 2 Ellen White s Contemporaries Significant Women in the Early Church Kit Watts Chapter 3 Women s Leadership 1915 1970 The Waning Years Bertha Dasher Chapter 4 Women s Leadership 1971 1992 The Expanding Years Ramona Perez Greek Chapter 5 Women in SDA Educational Administration Patricia A Habada and Beverly J Rumble Chapter 6 Home and Family Kay Kuzma Chapter 7 Family Systems in the SDA Church Madelynn Jones Haldeman Chapter 8 Women Helping

Women A Network of Caring Deborah M Harris Chapter 9 How Society Affects Social Change in Today s Church Penny Shell Chapter 10 Living Beyond Gender Stereotypes Iris M Yob Selected Bibliography Autoridad, reglamentos y eclesiologías en contraste Marcelo Daniel Coronel, 2025-04-22 Esta obra est basada en la tesis de Maestr a en Teolog a del autor Se ofrece en el marco del desarrollo eclesiol gico adventista en el que resuenan voces que comparan y equiparan los sistemas reglamentarios cat lico y adventista Los lectores podr n observar un s lido an lisis de las similitudes y las diferencias de ambas eclesiolog as y sistemas reglamentarios en torno a su concepto de autoridad La investigaci n consiste en un estudio comparativo entre las posiciones cat lica romana y adventista del s ptimo d a sobre la autoridad de la reglamentaci n eclesi stica a la luz de las implicaciones eclesiol gicas de su documentaci n normativa El concepto de eclesiolog a corporativa emerge del desarrollo eclesiol gico adventista Se presentan fundamentos hist ricos documentales y eclesiol gicos extra dos de los documentos normativos formales de ambas Iglesias y los contrastes fundamentales de las eclesiolog as de comuni n jer rquica del catolicismo y la de comuni n corporativa en el adventismo La obra presenta una descripci n bibliogr fica y documental erudita del desarrollo del concepto de autoridad de la reglamentaci n eclesi stica en el catolicismo que se enfoca en el estudio de los documentos elaborados en los contextos conciliares del Concilio Vaticano I y el Concilio Vaticano II en la evoluci n del derecho can nico y el Codex Iuris Canonici y en la documentaci n normativa adventista a trav s del estudio del desarrollo de su normativa formal del General Conference Working Policy y del Manual de la Iglesia Adventista del S ptimo D a

**Women in New Religions** Laura Vance, 2015-03-13 An in depth history of selected New Religions that highlights the roles of women in their founding and continual practice Women in New Religions offers an engaging look at women s evolving place in the birth and development of new religious movements It focuses on four disparate new religions Mormonism Seventh day Adventism The Family International and Wicca to illuminate their implications for gender socialization religious leadership and participation sexuality and family ideals Religious worldviews and gender roles interact with one another in complicated ways This is especially true within new religions which frequently set roles for women in ways that help the movements to define their boundaries in relation to the wider society As new religious movements emerge they often position themselves in opposition to dominant society and concomitantly assert alternative roles for women But these religions are not monolithic rather than defining gender in rigid and repressive terms new religions sometimes offer possibilities to women that are not otherwise available Vance traces expectations for women as the religions emerge and transformation of possibilities and responsibilities for women as they mature Weaving theory with examination of each movement s origins history and beliefs and practices this text contextualizes and situates ideals for women in new religions The book offers an accessible analysis of the complex factors that influence gender ideology and its evolution in new religious movements including the movements origins charismatic leadership and routinization theology and doctrine and socio historical contexts It shows how religions shape definitions of women s place in a way that is informed by response to social

context group boundaries and identity      **Highly Committed** DeWitt S. Williams, 2012-10 The most important legacy a person can leave behind is reflected in the lives they touch for Christ during their lifetime After serving the Seventh day Adventist Church for more than 100 years in different capacities the Wilson family has left quite a legacy that continues on today The legacy began when William Henry Wilson gave his heart to the Lord after hearing Ellen White preach at a camp meeting in California Although his time on earth was short he dedicated himself to studying God s word and before he passed away he asked his sons to promise him that they would commit their lives to serving the church Nathaniel Wilson gave his word that he would serve the Lord and he did so in a mighty way working in various conferences in the States and serving overseas in Africa Asia Australia and India Neal C Wilson carried his father s legacy forward and served in the Middle East and North America before accepting the call to lead the world church Along the way Neal mentored his son Ted N C Wilson who followed in his father s footsteps and ministered in Africa Russia and currently at the General Conference as president of the Adventist Church Four generations of Wilsons along with their wives and families have stood firm in their commitment to God and their church Highly Committed traces the history of the Wilson family from William Henry and Isabella Wilson through Ted N C and Nancy Wilson Their family s story is one of providential guidance and unwavering commitment May you be blessed as you read the story of this God fearing family and may you be inspired to commit your life to following God and making a difference for the kingdom      **Seventh-Day Adventism in Crisis** Laura Lee Vance, 1999 How can a movement founded on the prophecies and visions of one woman and reliant in its early stages on the pastoral leadership teaching and proselytizing of many others come to define women s roles in ways that exclude them from active public participation and leadership in the church      Of the Times and Seasons Kevin Straub, 2017-07-31 Four forty year generations have entirely passed since 1844 Each one has failed to take hold of the high calling of being in possession of the third angel s message the last message of mercy for a dying world The delay in the return of Christ must not be charged to God s account as though He is waiting for some celestial time clock to reach a pre determined mark Although God knows the day and the hour He has been waiting for us As we look around us at the rapid deterioration of our planet and witness the increasing fulfilment of the signs of His appearing we get a deep sense that we are getting very close to the end perhaps even now entering into the time Jesus spoke of as the beginning of sorrows Are we the first generation of a new cycle of four that generation that will see the close of probation the time of trouble and the return of Christ Are there any Bible and Spirit of Prophecy evidences that point to it Read the first section of this book In the second section we take a panoramic view of the history of the movement giving an understanding of the causes of the long detour into the wilderness travelled by the professed people of God The prophet Joel points to a story that must be told a story of the wasting of four generations Joel 1 2 4 It is important that we hear this story If we do not know our history as it is we will continue to perpetuate its mistakes The message of this book is an alarm clock set to arouse God s people in the final moments of earth s history It is sure to shake the reader Accept it or reject it you

won't be able to ignore it

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