

Effective dates: _____ to _____
Please print in ink

Name: _____
FIRST MIDDLE LAST

Current Age _____ Birthday _____ Year in school _____ Male Female

Parent Email _____ Youth Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Youth Cell _____

Medical Insurance Phone # _____ **Policy #** _____

Mother/Guardian name _____ Cell Phone _____

Father/ Guardian name _____ Cell Phone _____

Alt. Emergency contact _____ Phone _____

Primary Physician _____ Office phone _____

Medical History

This information will be kept confidential within church leadership. Voluntarily describe, in detail, the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the Youth Group Leaders should be aware. Please write on this form, including names of medications and dosages to be taken.

Check the following areas for your youth. If necessary, write out details:

1. For your youth's safety and our leadership, is your youth a—
 good swimmer fair swimmer non-swimmer
2. Does your youth have allergies to—
 pollens medications insect bites foods (please list below) none or n/a
3. Does your youth suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap none or n/a
4. Does your youth wear glasses contacts
5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this Youth's activities be restricted for any reason? Please explain:

It is expected that each Youth participating with Church Group Events will follow these *rules of conduct*

- No fighting, weapons, fireworks, lighters, etc.
- No offensive or immodest clothing
- Participation with the group is required
- No swearing, no profanity, no insults
- No possession or use of: alcohol, illegal drugs, or tobacco
- Respect property, respect one-another, peers, parents, and adult leaders
- Participate in mediation/ conflict resolution when needed
- Notify Youth Leader(s) before leaving/ being picked up from any event

Youth who fail to comply with these *rules of conduct* may be sent home early from an event.

I, the youth, have read the rules of conduct, the above evaluation of my health, and desire permission to participate in Youth Group events. I agree to follow the rules of conduct.

Youth Signature: _____ **Date:** _____

Activities may include, but are not limited to: cabin/camp trips, concerts, cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, laser-tag, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, Bible studies, golfing, miniature golf, hayrides, etc. If you desire to limit your child's participation in any/ type of event, please submit this in writing to the church pastor/ youth leaders prior to that event.

This consent form gives permission to the Youth Group Leaders to seek and utilize emergency medical attention for youth as necessary.

I the undersigned have legal custody of the youth named above, and have given my consent for him/her to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my youth's involvement.

In the event that my child/youth is injured and requires immediate medical attention, I consent to immediate medical treatment including ambulance and emergency care.

I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the named health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the youth named above.

Parent/guardian signature: _____ **Date:** _____