

Youth Medical/Permission Form

Year _____

(Youth Info)

Name _____

Male _____ Female _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Day phone (____) _____ Cell phone (____) _____

Evening phone (____) _____ Youth Email _____

Grade in Fall '07 _____ SSN: _____

T-Shirt Size: Y 10-12 S M L XL XXL

(Parent/Guardian Info)

Parent/Guardian Name: _____

Day phone () _____ Cell phone () _____

Evening phone () _____ Parent/Guardian Email: _____

(Medical)

Family Insurance Company: _____

Insurance Policy Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Day (____) _____ Evening (____) _____

Family Physician: _____ Office: _____

Family Dentist: _____ Office: _____

List any prescription medication your youth takes on a regular basis. Include prescription number of the drugs, pharmacy name & phone number.

Prescription Name

Prescription Number

Pharmacy Name and number

Please indicate which of the following conditions the camper has or has had. Give approximate dates if appropriate.

Allergies	Conditions	Diseases	Operations/Injuries
Hay Fever _____	Ear Infections _____	Chicken Pox _____	
Sinus Problems _____	Frequent Headaches _____	ADD/ADHD _____	
Ivy/Oak Poisoning _____	Heart defect/disease _____	Measles _____	<u>Chronic/Recurring Illness</u>
Insect Stings _____	Convulsions _____	Mumps _____	
Penicillion _____	Blood Disorder _____	Asthma _____	<u>Tetanus</u>
Medications _____	Diabetes _____	Whooping Cough _____	
Foods _____	Irregularity _____	viral _____	<u>Tetanus Booster</u>
Other _____	Fainting _____	Other _____	

Please notify the church if the youth is exposed to any communicable disease during the year.

- Y N Do you give permission for you youth to take Tylenol, a laxative, or other over the counter medication as necessary? _____
- Y N Are there any activities which need to be monitored? _____
- Y N Are there any activities which need to be avoided? _____
- Y N Are there any routine treatments or medications required during camp? _____
- Y N Does the staff need to remind the camper of his./her treatment? _____
- Y N Are there any food restrictions? _____

Do you have any restrictions in the following area(s): feet _____ lungs _____ heart _____ Other _____

I agree to abide by all rules and policies of First United Methodist Church Youth and to live cooperatively with other youth and leaders.

Youth Signature: _____

My signature below indicates that:

I agree to hold the First United Methodist Church and all leaders of this youth group free from liability for any injuries, damages or losses unless caused by the willful or intentional conduct on the part of the leaders or staff. I hereby give permission to the physician or hospital staff selected by the church leadership to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or hospital staff selected by the church leadership to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. If necessary my child may be transported in a private vehicle. My child has my permission to engage in youth activities and agree to participate fully in the features of the program and to cooperate in maintaining an atmosphere of Christian fellowship. I consent to the use of my child's image or voice in photographs, audio and/or video recordings taken during the course of this year for the purpose of publicizing and promoting our youth programs of Stillwater First United Methodist Church.

Parent/Guardian Signature: _____