

Youth Health and Emergency Medical Information, 2018-2019
First Presbyterian Church: Endicott

This form covers all youth events from September 2018 – August 2019

Student's First and Last Name: _____ Birth Date: _____

Address: _____

Parents/Guardians: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact if parents cannot be reached: _____

Relationship to student: _____ Phone: _____

Student's Health Insurance Company: _____

Name of Insured: _____

Policy Number & Group Number: _____

Primary Physician: _____ Phone _____

Is your child on any type of medication at this time? yes no

If so, please list what they take: _____

Does your child carry emergency medication that he/she administers to self? (EpiPen, Insulin, Inhaler, etc.)

yes no If so, please specify the medication and circumstances for self-administering:

Do we have permission to give your child the following medication, if needed?

• Tylenol (or generic) yes no call me

• Ibuprofen yes no call me

Does your child have allergies, medical conditions, physical limitations, or emotional needs that we should be aware of? Is there anything else it would help us to know about your child?

Is your child allowed to swim under adult supervision? yes no call me

Does he/she know how to swim well? yes no

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As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided by FPC:E **as well as be transported to these activities.**

In the event an emergency should arise, I understand that the leaders will try to contact me. At the same time, I grant permission to those in charge to do whatever is deemed immediately necessary to insure her/his safety and well-being, and I hereby authorize in advance any medical care deemed necessary. I agree to be held responsible for any such medical expenses. I have completed the medical information listed above, including what medications they take and agree that my child is authorized to take the medications (over-the-counter or prescription) listed above. I will update this form and give it to the leaders if there are any changes.

I also have discussed the rules (see below) with my child, and we both realize that failure to follow them could result in his/her removal from the event/retreat and/or my child being sent home at my expense.

Signature of Parent or Guardian/Relationship to Student

Date

YOUTH AGREEMENT TO RULES:

1. Alcohol, tobacco, illegal drugs, weapons, violence or sexual activity will not be allowed under any circumstances.
2. ANY inappropriate, demeaning, derogatory or offensive behavior will be unacceptable.
3. Adult volunteers rely on the cooperation of each youth in all instances, particularly when on the road. All of our youth are expected to obey the instructions given by adult leaders on all trips and events.

I have read and understand the rules of FPC:E and I understand that failure to follow these rules could lead to my removal from the given event. I agree to promote a positive community while participating in FPC:E activities.

Youth Signature