



Youth Information

August 2019 through July 2020

ONE FORM PER STUDENT

Youth Information

Youth Name: _____ DOB: / / _____ Grade: _____ T-Shirt Size: _____

Youth Mobile: _____ Youth Email: _____

Youth Medical Information

My youth has permission to take (check all that apply)

- Acetaminophen (Tylenol) Ibuprofen (Advil) Antacid (Tums) Diphenhydramine (Benadryl)

List all medications and dosages your youth receives on a regular basis:

Morning: _____

Evening: _____

ALLERGIES

- Food (list) _____
- Bee, ant or wasp stings _____
- Medication (list) _____
- Other (list) _____

Currently prescribed treatments (provided by family):

- EpiPen Other _____ Date of last tetanus shot (mo/year): _____

DIETARY RESTRICTIONS (such as vegetarian, gluten or peanut free)

Please describe any physical, emotional, or mental health issues experienced by your student that would help the staff of Christ Church Youth Ministries offer the best possible care, safety and discipleship for your youth:
(Information will be kept confidential unless the parent or guardians gives permission for staff to share with volunteers)

Permission and Release

Signature below shall constitute my permission as the parent/guardian of this child to participate in Christ Church United Methodist sponsored events between August 2019 through July 2020. These events may include, but are not limited to, ministry trips, retreats, games and special events. I understand that my youth may be transported by bus, rental van (12-passenger or less), or car driven by staff or approved adult volunteers. I hereby release and hold harmless Christ Church United Methodist, its personnel, leaders and volunteers from any and all liability for any injuries, loss, or other claims arising out of this child's participation in these church sponsored events and activities. My signature below gives consent to any Christ Church United Methodist employee or volunteer to dispense medication as indicated above. This document or a copy thereof gives consent to any Christ Church United Methodist employee or volunteer, in an emergency when I cannot be contacted, to take this child to the nearest appropriate medical facility. The facility and its medical staff have authorization to provide treatment that a physician deems necessary for the well-being of this child.

Photo Release

Christ Church United Methodist may include photos of this youth participating in church activities on its website, newsletters and/or promotional material. NOTE: It is our policy never to use full names with photos of youth.

Parent/Guardian Signature: _____ Date: _____