

**FIRST PRESBYTERIAN CHURCH
YOUTH MINISTRY
Permission and Health Information Form**

This form is required for each youth. All information must be completed.
Return this form to **Kelley Becker, Director of Youth and Children's Ministries.**

GENERAL INFORMATION

Name: _____
Sex: _____ Birth Date: _____ Home Ph. #: _____
Address: _____
Parent(s) or Guardian(s): _____
School _____
Youth Email Address _____ Youth Cell # _____
Parent Email Address _____ Parent Cell # _____

HEALTH INFORMATION

Physician: _____
Office #: _____ Home Ph. #: _____
Allergies ~ If allergic to anything, list allergy and reaction:
Environmental: _____
Insect stings: _____
Medication: _____
Food: _____
Other: _____

MEDICATION*

My Child may take Tylenol as needed according to correct dosage. **YES** **NO**
Is the child currently taking any prescription medications? **YES** **NO**
If yes, what are they and what is their schedule and dosage?

Medication: _____
Used for (illness/condition): _____
When taken: _____ Special Notes?: _____
Medication: _____
Used for (illness/condition): _____
When taken: _____ Special Notes?: _____

***All medications must be in their original containers (even aspirin or over the counter medications). Each must contain name, original orders, dosage, dates, directions for use, and specifics for special storage (such as refrigeration needed).**

ALL MEDICATION MUST BE GIVEN TO ADULT LEADERSHIP AT THE START OF THE YOUTH ACTIVITY .

HEALTH INSURANCE

Do you have health insurance? **YES** **NO**

Youth has an insurance card? **YES** **NO**

Hospital/Health Insurance Co: _____

Policy #: _____

Coverage in the name of?: _____

Insured's relationship to youth?: _____

AUTHORIZATION

The undersigned represents that he/she is the parent or guardian of the above identified youth. The youth has my permission to participate in Youth Ministry activities. (Including vehicle transportation to and from activities.) I have listed on this form all physical or mental disabilities which would impair the youth's participation.

The youth is only taking medication listed on this form. The youth has no allergies known to me except as noted on this form.

In the event of illness or injury, I authorize the physician and/or hospital to undertake such treatment of and perform such services (including surgical service) for the youth as are reasonably indicated by the circumstances.

Signature of parent or guardian Date

Phone numbers where parent or guardian may be reached:

Home: _____ Other: _____

In case we are unable to contact the parent or guardian in an emergency, whom should we contact next?:

Name: _____ Phone: _____

Please submit a copy of your child's insurance card (front and back) with this form.