

Youth Group Medical Release & Permission Form

This form goes into effect immediately and does not expire.

Youth Name: _____ Age: __ Birthday: __/__/____
Last First Middle

Grade: _____ Male: Female: E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Youth Cell Phone: _____

Medical Insurance Company: _____ Policy # _____

Mother's name: _____ Phone (Home) _____ (Work) _____ (Cell) _____

Father's name: _____ Phone (Home) _____ (Work) _____ (Cell) _____

Emergency Contact Name: (Not Parent) _____ Phone (Home) _____ (Work) _____ (Cell) _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

I give my permission for pictures/videos to be taken of my child at First Presbyterian Church of Troy Ohio (Miami Valley Presbytery, PCUSA) functions that may be used and/or posted on the church websites (or related) to promote youth activities.

Parent/ Guardian Signature Date: __/__/____

Medical History

If necessary, 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 staff and volunteer staff should be aware, and what, if any action of protection is require on account thereof. **Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken.**

Check the following areas is your child has had: If necessary, add another page with details.

- Asthma Bleeding Disorders Chicken Pox Diabetes Fainting Spells Frequent Colds
 Frequent Earaches Heart Trouble Measles Mumps Pneumonia Scarlet Fever
 Seizures/Tonsillitis Whooping Cough Convulsions Other: _____

Immunizations, check if current:

- Diphtheria Basic Booster Measles Basic Booster
Mumps Basic Booster Polio Basic Booster
Rubella Basic Booster Tetanus Basic Booster Date of last Tetanus: __/__/____
Whooping Cough Basic Booster

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Allergies, please describe:

Food: _____

Medications: _____

Plants: _____

Insects: _____

Other: _____

Any conditions requiring medication? No Yes

If Yes, please describe: _____

Any Physical Limitations? No Yes

If Yes, please describe: _____

Does your child wear?

Glasses Contact Lenses Neither Other _____

Please list and explain any major illnesses your child experienced during last year:

Activities may include, but are not limited to the following: cookouts, swimming, laser tag, football, basketball, roller-skating, various games, soccer, softball, baseball, camping, snowboarding, hiking, golfing, miniature golf, hayrides, Bible studies, summer camps, spring camps, mission trips (domestic or international), other travel and various retreats.

Should your child's activities be restricted for any other reason? Please explain or please submit your wishes in writing to the church Youth Director prior to that event: _____

This youth medical release and permission form gives permission to seek whatever medical attention is deemed necessary, and releases the First Presbyterian Church of Troy Ohio (Miami Valley Presbytery, PCUSA) and its staff of any liability against personal losses of named child.

I/we the undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend events being organized by the First Presbyterian Church of Troy Ohio (Miami valley Presbytery, PCUSA). I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release First Presbyterian Church of Troy, Ohio (Miami Valley Presbytery, PCUSA) its ministers, adults, employees, agents and adult volunteers workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by First Presbyterian Church of Troy Ohio (Miami valley Presbytery, PCUSA), I/we agree to hold First Presbyterian Church of Troy, Ohio (Miami Valley Presbytery, PCUSA) free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth minister, volunteers or staff members.

Parent/ Guardian Signature:

Date: ___/___/_____

Please submit a copy of the current health insurance policy/card and attach it to this form.