YOUTH EVENT HEALTH FORM

First United Methodist Church ~ 946 Vermont, Lawrence, KS ~ 785-841-7500

YOUTH INFORMATION

Name: _____ D.O.B. _____

Cell Phone: _____ Home Phone: _____

Mailing Address: _____

City: _____ Zip Code: _____

EMERGENCY INFORMATION

Father's/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____

Mother's/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____

Emergency Contact Person: _____ Cell: _____

Relationship to Youth: _____ Home: _____

HEALTH INFORMATION [Please attach a copy of your insurance card]

Chronic Health Conditions: _____

Regular Medications: _____

Allergies: _____

Insured Name: _____ Policy # _____

Insurance Company: _____ Group # _____

Doctor: _____ Office # _____

This individual is physically fit to participate in the event ☐ Yes ☐ No

Doctor's Signature: _____ Date: _____

[Must have Doctor's signature if your youth is taking medication on a regular basis.]

PARENT/GUARDIAN CONSENT FORM

Student: _____ (Please print full name)

I give permission for First United Methodist Church staff to administer over-the-counter medications, if deemed necessary, for the checked items below. Dosages will be administered according to the directions on the container unless a physician directs otherwise.

- ☐ Ibuprofen for headache or injury
- ☐ Aleve for headache or injury
- ☐ Benadryl for allergic reaction
- ☐ Antacids for stomach upset
- ☐ Medication for diarrhea
- ☐ Cough drops for cough/sore throat
- ☐ Sudafed for cold symptoms
- ☐ Ear drops for swimmer's ear

I hereby give permission to the medical personnel selected by the First United Methodist Church staff to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide for or arrange necessary related transportation for my son/daughter. I also give permission to release information for the purpose of assisting with medical treatment.

If I cannot be reached in an emergency, I hereby give permission to said physician to secure and administer treatment, including hospitalization, for the person named above.

_____ _____

Parent/Guardian Signature Date

PHOTOGRAPH/VIDEO RELEASE

I give permission for pictures and videos of the student listed above to be used in church-related publications such as flyers, bulletin boards, newsletters, website, and any other church-related publication.

_____ _____

Parent/Guardian Signature Date