

**2013 First Church Congregational Youth  
Health/Release Form**

(Please print)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Apx. Height \_\_\_\_\_ Apx Weight \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Person:**

Parents / Guardians Names: \_\_\_\_\_

Address (If different from students) \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance:**

*If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at a youth activity.*

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name on Policy: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Health History:**

Pre-existing or present medical conditions: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Please list any allergies your student has, including allergies to medications: \_\_\_\_\_

Please check any conditions that apply to your students:

\_\_\_ Diabetes \_\_\_ Epilepsy / Nervous Disorders \_\_\_ Asthma \_\_\_ Frequent Stomach Upsets

\_\_\_ Physical Handicaps \_\_\_ Severe Menstrual Cramps \_\_\_ Hay Fever \_\_\_ Heart Condition

Please give details of anything checked above, including treatment given: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_

Any restrictions we need to be aware of? \_\_\_\_\_

## Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Church Congregational Boxford will apply if my child is injured while in a church owned vehicle, or if my child is injured while on the premises of the church building. Injuries incurred as a result of participation in sporting events are exempt in this policy.

I understand that all ordinary safety precautions will be taken at all times by the First Church Congregational Boxford and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Church Congregational Boxford, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that my child may be photographed for archival and/or promotional purposes, and I give my consent for these photographs to be taken and used appropriately.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

## Transportation Release

I give my permission to the bearer of this letter to transport my child to the program events sponsored by the First Church Congregational Boxford, for all programs that take place within Boxford, MA and the surrounding areas. My child is allowed to travel out of Boxford with the First Church Congregational Boxford Youth Group when I have been informed of the specific destination, duration of the trip, and intended event ahead of time.

*Please check the boxes below only if you agree to the statement:*

My student, \_\_\_\_\_ **is allowed to drive another student(s)** in his/her own vehicle during a youth sponsored event, when the youth leader gives consent.

Check here  to allow your student to transport any available student

OR, List who he/she can transport: \_\_\_\_\_

My student, \_\_\_\_\_ **is allowed to ride with a student driver** in his/her vehicle during a youth sponsored event, when the youth leader gives consent.

Check here  to allow your student to be transported by any available student

Please list who can transport him/her: \_\_\_\_\_

My student, \_\_\_\_\_ **may not** ride with anyone other than the adult leaders and volunteers of the youth group. Nor may he/she transport other students in his/her personal vehicle.

Parent / Guardian Signature \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_