

YOUTH HEALTH FORM

Name of Student _____ Date of Birth _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Student Health Information:

Pre-existing medical conditions: _____

____ ADD/ADHD ____ Epilepsy ____ Asthma ____ Diabetes ____ Heart Condition ____ Migraine

____ Hemophilia ____ Kidney Disease ____ High Blood Pressure ____ Cancer History

Other common physical or behavioral conditions (i.e., nosebleeds, headaches, sleepwalking, upset stomach, physical handicap, etc.):

Medications: name, dosage & frequency given: _____

Any allergies? Medications, Food or Environmental? Please name & state reaction: _____

Glasses or Contact Lenses _____

Any swimming restrictions? ____ Yes ____ No Explain: _____

Any activity restrictions? ____ Yes ____ No Explain: _____

Immunization Record:

Date of last tetanus shot: _____

Indicate Date of Immunizations

Tetanus/Diphtheria (DPT/TD)	Polio (OPV/IPV)	Measles/Mumps/ Rubella (MMR)	Chicken Pox (date or date of disease)	Hepatitis B
_____	_____	_____	_____	_____

Health Insurance Information:

Name of Insurance Company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Primary Care Doctor _____ Phone No. (____) _____

Emergency Contact:

Parent or Guardian Name _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____

Cell Phone (____) _____ Other Phone (____) _____ Ext. _____

Alternate Contact Person _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____

Cell Phone (____) _____ Other Phone (____) _____ Ext. _____

I hereby certify that the above health record is, as of this date, accurate and complete.

PARENTS:

I give my permission for my son or daughter, to participate in all youth ministry events with First Presbyterian Church, including local field trips for service, recreation or meals accompanied by adult leaders.

Should a medical emergency arise, the leaders or supervisors of the events have my permission to obtain any necessary medical care for my son or daughter. I agree to defend and indemnify First Presbyterian Church, its employees, and volunteers against any claim or action that might arise on behalf of myself or my son or daughter other than for the willful, wanton or reckless misconduct of First Presbyterian Church, its employees or volunteers.

Signature of Parent or Guardian

Date

(Home Phone)

(Work Phone)

**FIRST PRESBYTERIAN CHURCH OF PLYMOUTH
YOUTH MINISTRY**

LOCAL TRAVEL PERMISSION SLIP

I give permission for my child(ren) named (please print)

_____ to participate in all youth ministry events at the building and grounds of the First Presbyterian Church of Plymouth, Michigan, located at 701 Church Street, City of Plymouth, Wayne County, Michigan, as well as pedestrian travel to/from and presence at neighborhood sites within a two-mile radius of the Church, including without limitation athletic fields and recreation facilities, restaurants/cafes/coffee shops/dairy stores and other commercial, recreational or service locations when my child(ren) is accompanied by an adult leader.

Should a medical emergency arise, the adult leader has my permission to obtain any reasonably necessary and available healthcare for my child(ren).

I certify that I am the custodial parent or the legal guardian of the above-named child(ren).

In consideration of the youth ministry services provided to my child(ren) by the First Presbyterian Church of Plymouth, Michigan, I agree in behalf of myself and my child(ren) to release the Church from any claim, demand or lawsuit arising from or occurring as a result of my child(ren) participating in the youth ministry services so long as no willful or reckless misconduct by the Church's employees or volunteers causes harm to my child(ren).

Parent or Guardian's Signature

Date Signed

Please PRINT Name of Parent or Guardian

Address _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____

Cell Phone (____) _____

Allergies: _____

Name of Insurance Company: _____

Policy # _____

Group or ID # _____

***Additional permission slips may be required for specific events such as
overnight trips, retreats, camps, and mission trips***