

2023 – 2024 FPCP YOUTH GROUP INFORMATION & MEDICAL FORM

Please complete one form for each student attending FPCP youth group

Student Information

Student's Name _____ Date of Birth _____

Address _____ Gender _____

Email _____ Phone _____

Grade Entered Fall 2023 _____ School _____

Parent / Guardian Information

Parent/Guardian Name _____

Home Address _____ Email _____

Phone (home) _____ (cell) _____ (work) _____

Parent/Guardian Name _____

Home Address _____ Email _____

Phone (home) _____ (cell) _____ (work) _____

Emergency Contact (if above parent/guardian cannot be reached)

Name _____ Relationship _____

Phone (home) _____ (cell) _____ (work) _____

Name _____ Relationship _____

Phone (home) _____ (cell) _____ (work) _____

Medical Care Information

Allergies or dietary restrictions _____

Physical or health restrictions _____

Does the student carry medication(s)? If so, what is it for, how is it used, and how can it be identified? _____

Any additional information, special needs, or situations you'd like staff to know? _____

Medical Contact Information

Primary physician's name _____

Address _____ Phone _____

Dentist's name _____

Address _____ Phone _____

Health insurance coverage for student _____

Policy holder's name _____

Policy or group number _____

I certify that the health information provided above for my student is, as of this date, accurate and complete.

By signing this form: I give permission for my student to participate in all youth ministry events with First Presbyterian Church of Plymouth (FPCP), including events at the building and grounds of FPCP (located at 701 Church Street, City of Plymouth, Wayne County, Michigan) as well as pedestrian travel to/from neighborhood sites within a two-mile radius of FPCP. These sites may include, but are not limited to athletic fields, recreation facilities, restaurants/cafes/coffee shops/ice cream shops and other commercial, recreational, or service locations when my student is accompanied by an FPCP adult staff member and/or volunteer.

In addition, my signature confirms my understanding that FPCP will not be held liable for any accident or injury incurred during the activity. I understand that all reasonable care and responsibility will be taken to assure the comfort and safety of all participants.

Should an emergency arise, I give permission to the supervisor of the group to obtain necessary emergency care, including transportation, if an accident or injury occurs and myself, the parent/guardian(s), and emergency contact person(s) are unavailable, or if time is of the essence.

My signature also provides photo release permission, meaning the church may take and publish photos of my child in digital or print church communications.

Parent / Guardian printed name _____

Signature _____ Date _____

Additional permission forms may be required for specific events, such as off-site activities, lock-ins, overnight trips, retreats, camps, and mission trips.