

UCC Youth Ministries

Health Information

Effective: September 2011-August 2012

Office Use Only

HS _____ MS _____

Last Name Initial _____

Name: _____ Birthdate: ____/____/____ Male__ Female__

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

Home Phone: (____)____-_____ Household Email: _____

Parent 1's Name: _____ Parent 1's Email: _____

Parent 1's Phone: Home: (____)____-_____ Cell: (____)____-_____ Work (____)____-_____

Parent 2's Name: _____ Parent 2's Email: _____

Parent 2's Phone: Home: (____)____-_____ Cell: (____)____-_____ Work (____)____-_____

Student's Email: _____ Student's Cell (____)____-_____

Fall '11 School: _____ High School Graduation Year: _____

Does student have Facebook? Yes__ No__ (Like "UCC Youth Ministry" for regular updates about activities)

Does student play any instruments? Please specify _____

Alternate Emergency Contact: _____ Phone (____)____-_____

Medical Insurance Carrier: _____ Policy #: _____ Group #: _____

Carrier Address: _____ Name of Insured Person: _____

Insured Person's Place of Employment: _____

Name of family physician: _____ Phone (____)____-_____

Name of orthodontist/dentist: _____ Phone (____)____-_____

Health History: (Check, give approximate dates)

Allergies:

- | | | | | |
|--|--------------------------------------|---|--|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Ivy Poisoning, etc... | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Food (specify) _____ | |
| <input type="checkbox"/> Tourette Syndrome | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles/Mumps | <input type="checkbox"/> Drugs (specify) _____ | |
| | | | <input type="checkbox"/> Other _____ | |

Chronic/recurring illness/medical condition including psychological conditions (depression, anxiety, etc...): _____

Dietary Restrictions: _____

Current Medications (Prescription, OTC and herbal):

Medication Name: _____ Dosage: _____ Reason for Taking: _____

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Any other information you feel the leaders should know in advance about your student: _____

Blood type: _____ Are all immunizations current? (MMR, tetanus, hepatitis, etc) Yes__ No__

Describe your student's swimming ability: __ Beginner __ Advanced __ Lifeguard Cert.

Parent/guardian signature: _____ Date: _____

Student signature: _____ Date: _____

UCC Youth Ministries
Waiver and Release from Liability
Effective September 2011 through August 2012

_____ I acknowledge that my child's participation in University Congregational Church Youth Ministries is voluntary and may require
Initial involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings. I acknowledge that all transportation related to University Congregational youth activities will occur in private vehicles. I acknowledge that my child's participation in any University Congregational Church youth activity presents risks that my child may suffer property damage, bodily injury or death. Therefore, in consideration of my child's being allowed to participate in the UCC youth program activities, I agree to the following:

_____ University Congregational Church is not responsible for the loss or theft of personal belongings.
Initial

_____ Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not
Initial receive a refund of the activity fee.

_____ I understand that my child's image may be photographed or filmed and used in UCC video presentations, printed publications, and/or
Initial website. An opt-out form is available in the church office if you desire one.

_____ I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I
Initial **waive, release and discharge** from any and all claims of liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in University Congregational Church's youth activities, the following person, or entities: University Congregational Church, its senior pastor and associate pastors, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of University Congregational Church, University Congregational Church staff or volunteers and: C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all University Congregational Church Youth Ministries.**

_____ The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of
Initial _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities named above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waive and Release.

_____ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor
Initial named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempt to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to University Congregational Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

_____ I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphehydramine or over the counter antacids
Initial as needed.

_____ **For your information, these are our rules of conduct expected from each student:**

- | | | |
|---------|--|--|
| Initial | - Respect one another, staff and adult leaders | - No offensive or immodest clothing |
| | - No fighting, weapons, fireworks, explosives | - Respect and comply with event schedule |
| | - Participation with the group is expected | - No lighters permitted |
| | - No boys in girls' sleeping quarters & vice versa | - Respect property |
| | - No cell phones or portable entertainment systems | - No alcohol, drugs, tobacco |

_____ **Failure to comply with these expectations could result in your child being sent home at your expense.**

Initial *My child has permission to attend all church-sponsored youth activities as listed in our youth calendars and/or University Congregational Church bulletin, including but not limited to the following: cook-outs, boating, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, broomball, ice-skating, volleyball, softball, baseball, camping, backpacking, fishing, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, folfing, miniature golf, bowling. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to University Congregational Church **prior to that event.***

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____