

REGISTRATION/PERMISSION FORM
CHURCH YOUTH ACTIVITIES AT NORTHFIELD UNITED METHODIST CHURCH

To be filled out by parents/guardians and returned prior to event participation. Information is private.

Son/daughter's name: _____ Grade: _____ DOB: _____ M/F? E-mail _____

Address: _____ City: _____ Zip: _____

Father's name: _____ Home phone: _____ Work phone: _____ Cell: _____

E-Mail: _____

Mother's name: _____ Home phone: _____ Work phone: _____ Cell: _____

E-Mail: _____

Child lives with: _____ Son/daughter's school: _____

Person (other than above) to call in emergency: _____ Phone: _____

HEALTH INFORMATION NECESSARY FOR PROPER CARE AND PROTECTION

Feel free to put any additional information on back of form

1. The activity level of some events plus weather changes can be detrimental to some young people.
 - a. Describe any health factor that makes it advisable for your son/daughter to limit physical activity on a youth event: _____
 - b. Please state any limitations: _____
 - c. Directions for medications if needed: _____
2. Date of last tetanus shot or booster: _____
3. Name of family physician: _____
4. Any recent exposure to communicable disease? _____ If yes, what? _____
5. Has your son/daughter ever been away from home alone before? _____ For how long? _____
6. May have acetaminophen (e.g. Tylenol) if needed? _____
7. Any food allergies? _____ If yes, list: _____
8. Is your child allergic to bee stings? _____
9. Is there anything else we should know about your son/daughter? _____

If a serious emergency arose, it might be necessary for a physician to attend your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided **ONLY** if you sign the following Authorization for Medical Treatment.

I/we hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter while he/she is participating in a Northfield United Methodist Church-sponsored activity.

Signature: _____ Relationship: _____ Date: _____

Insurance Company: _____ Policy #: _____

Group Number: _____

Parent/Guardian Permission

I/we (parent/guardian) _____ hereby release and discharge the Northfield United Methodist Church, church staff and other chaperoning adults, for all claims of damage, demands, actions whatsoever, in any manner arising or growing out of my son/daughter's participation in Youth Group activities. I will take responsibility to limit my son/daughter's activity in events that I feel are not appropriate. Except for those limitations named on this health form, I certify that _____ is healthy and fit to participate in church youth activities.

Date: _____ Signature: _____ (parent/guardian)