

**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)