

North Presbyterian Church Youth Fellowship Health Form

Youth's Name _____
Date of Birth ____ / ____ / ____
Parent(s) Name _____
Address _____
Home Phone# _____
Cell Phone # _____

Emergency Contact Name _____
Phone # _____ Cell# _____

Physician's name and phone # _____
Medical Insurance Company _____
Policy # _____
Does Insurance Company need to be notified before medical care can be given? ___yes ___ no
If yes, please provide a number to call. _____

List medication currently being taken _____

List known allergies (please give details on reaction and management of reaction) _____

Special Dietary needs: _____
Date of last Tetanus immunization _____

Consent for Emergency Treatment

I understand that in the event of an emergency, every reasonable attempt will be made to contact me at the phone number(s) listed above. If however, attempts to contact me are unsuccessful, I, the undersigned, legal guardian of the minor listed above, do hereby authorize the leaders on the North Presbyterian Church Youth Fellowship as my agents to consent to any diagnostic and/or surgical procedures or any other medical treatment which is deemed advisable by, and is rendered under the general or specific supervision of any licensed physician and surgeon (on the staff or engaged by any hospital or any other duly licensed entity), whether such diagnosis or treatment is rendered at the office of said physician or hospital.

It is understood that his authorization is given in advance of any specific need for treatments by is given to provide authority on the part of aforesaid agent(s) to give specific consent to any and all such procedures, treatment or other hospital care which the physician or hospital in the exercise of his, her or its best judgment.

Parent Signature _____ Date _____

North Presbyterian Church Youth Fellowship Groups
Permission Slip

I give my permission for my daughter/son _____
to participate in the youth fellowship events, on the premises of North
Presbyterian Church, as they have been approved by the YMT committee
and Session.

Parent Signature _____ date _____

Parent name printed _____

North Presbyterian Church Youth Fellowship Groups
Permission Slip

I give my permission for my daughter/son _____
to participate in the following youth fellowship event, _____
(destination) on _____ (date) with North Presbyterian Church as
approved by the YMT committee and Session. Transportation will be provided
by the appropriate youth leaders and parents (as needed), unless otherwise
noted.

Parent Signature _____ date _____

Parent name printed _____

North Presbyterian Church Youth Fellowship

Driving Permission Slip

In order to have a clear understanding of parents' wishes, please complete the following form regarding transportation to and from church and church based Senior High Fellowship activities.

- My child has his/her night license and is allowed to drive him/herself to youth fellowship events based at the church. My child has my permission to carry the following passengers (please list names, or "None" if you prefer that your child not transport passengers)

- My child has my permission to be a passenger in a car driven by the following youth (please list names, or "None" if you prefer that your child not be a passenger in a youth-driven car).

- Please list any other special instructions or limitations below:

As per session policy, no youth will be allowed to provide transportation or transport themselves to senior high events off church property. Since so many of our youth drive themselves to church for meetings and events, however we felt it was necessary to be aware of parents' thoughts and policies regarding driving with other teens. This document is intended to help senior high leaders make sure that parents' wishes are carried out. Changes can be made to this form at anytime by contacting the youth leaders.

Parent Signature _____ Date _____

Youth Signature _____ Date _____

Phone number _____