

# Youth Ministry Medical Form

First Friends Church

2024-2025 (Valid June 1, 2024 - August 31, 2025)



Name of Student: \_\_\_\_\_ Grade: 6 7 8 9 10 11 12

School: \_\_\_\_\_ B-Day (MM/DD/YY) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student Cell # \_\_\_\_\_

Student Email: \_\_\_\_\_ T-Shirt Size: YS YM YL YXL AS AM AL AXL

Church: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

If parents are divorced, who has primary custody? Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

## In an emergency when parent/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship: \_\_\_\_\_

List Allergies or Medical Conditions or Medicine Taken Regularly \_\_\_\_\_

*Medicine administered at an event must be given by an adult from the original container, including over the counter medicine..*

Dietary Restrictions: \_\_\_\_\_ Gluten \_\_\_\_\_ Dairy \_\_\_\_\_ Peanut \_\_\_\_\_ Nuts Other: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In the following statements, First Friends refers to all adult leaders with the youth program as both paid staff and volunteers.

**I give permission for my student, named above: (Initial each line)**

\_\_\_\_\_ to attend and participate in First Friend Church youth ministry activities.

\_\_\_\_\_ for my student to receive communications to their cell/email about MS/HS events/reminders.

\_\_\_\_\_ for First Friends to photograph/video my child and use it in promotional materials including social media.

\_\_\_\_\_ for First Friends to transport my student during these activities.

\_\_\_\_\_ for First Friends to make necessary decisions in any medical emergency involving my student.

\_\_\_\_\_ I will not hold First Friends Church staff, or GreenHouse242 or The WareHouse volunteers responsible for payment of emergency medical treatment involving my student or liable for harm to my child during participation.

\_\_\_\_\_ I agree that my student will respect the guidelines given by First Friends related to expected behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_