

# Williamson's Chapel United Methodist Church 2011 Health Form - Youth

NAME OF YOUTH _____	Age _____	Grade _____	School _____	Gender _____	M _____	F _____
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HEALTH STATEMENT ... Please fill this out in order that we might be more fully aware of your child's special needs and facilitate any medical attention that might be required while on the event/trip.

Parent or Guardian Name _____	Home Telephone Number with Area Code _____
Full Mailing Address _____	
TELEPHONE NUMBERS TO BE USED IN CASE OF EMERGENCY	
Name and Work Telephone Numbers with area code: _____	
Name and Cell Phone Numbers: _____	
Emergency Contact Name and Cell Phone Number other than a parent: _____	
Physician's Name _____	Physician's Telephone Number _____
Dentist's Name _____	Dentist's Telephone Number _____

RESTRICTIONS ON ACTIVITIES (please specify) \_\_\_\_\_ None

Sports \_\_\_\_\_ Swimming \_\_\_\_\_ Hiking \_\_\_\_\_

Other (please specify) \_\_\_\_\_

RESTRICTIONS ON DIET Vegetarian  Food Allergies  (please specify) \_\_\_\_\_

MEDICATIONS REQUIRED during event/trip. Give name, purpose, instructions for counselor or director \_\_\_\_\_

ARE THERE ANY MEDICATIONS YOUR CHILD SHOULD NOT BE GIVEN at event/trip (i.e. aspirin, throat lozenge, laxative, etc)?  
 If Yes, please specify Yes  No

ALLERGIES Tetanus Shots  Penicillin  Hay Fever  Sulfa or other  Poison Ivy/Oak   
 Bee or insect Sting  Asthma

Other (please specify) \_\_\_\_\_

SUBJECT TO Fainting  Hyperactivity  Headaches  Swimmers Ear  Sleep Walking   
 Bed Wetting  Cramps  Homesickness  Nosebleeds  Other  \_\_\_\_\_

HAS HISTORY OF OR UNDER CARE FOR Heart Trouble  Asthma  Bronchitis  Diabetes   
 Athlete's foot  ADHD  ADD  Stomach Ulcer  Epilepsy  Tonsillitis  Other  \_\_\_\_\_

Date of tetanus shot/booster \_\_\_\_\_ Does child wear hearing aid? \_\_\_\_\_

Does child wear contact lenses? \_\_\_\_\_ Does child wear glasses? \_\_\_\_\_

Swimming Ability: Beginner  Intermediate  Advanced

Any other information that would help staff better understand and relate to your child and make his/her experience pleasant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE FOLLOWING INFORMATION IS NECESSARY SHOULD YOUR CHILD NEED TREATMENT

\*\*\* PLEASE NOTIFY US IF INSURANCE INFORMATION CHANGES DURING THE YEAR \*\*\*

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ County and State of Birth \_\_\_\_\_

Health Insurance  
Policy Name and Number \_\_\_\_\_

Dental Insurance  
Policy Name and Number \_\_\_\_\_

\*\*You must attach a copy of the front and back of your insurance card

PARENT / GUARDIAN RELEASE FOR  
**WILLIAMSON'S CHAPEL UNITED METHODIST CHURCH YOUTH EVENTS/TRIPS**

I/we understand that this experience includes my transportation consent for my child's travel to and from any event.

I grant permission to the counselors attending the event from Williamson's Chapel United Methodist Church to seek emergency treatment for my child by a licensed physician or hospital in the case of illness, accident or injury and grant them permission to release any information requested for the completion of medical/surgical or accident claims for my son/daughter.

I further agree not to hold Williamson's Chapel United Methodist Church or any adult counselors thereof, responsible for any accident or illness that might occur to my son/daughter while attending or traveling to and from the event sponsored by Williamson's Chapel United Methodist Church.

\_\_\_\_\_  
Parent/Guardian Signature Date

(MUST BE SIGNED IN FRONT OF NOTARY)

Iredell County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: \_\_\_\_\_.

*Notary Seal*

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_, Notary Public

My commission expires: \_\_\_\_\_

PERSONAL CONDUCT COVENANT

I, \_\_\_\_\_, covenant with the Adult Youth Ministry Team, youth, and my parent (s)/Guardian, that my actions will be appropriate during any event which I undertake.

I promise that I will follow all the rules set before me in regards to the event or trip. I will not smoke or use tobacco, use drugs or alcohol or participate in behavior or activities which will embarrass the group.

I understand if this covenant is broken, I will be sent home at my parent's expense as the counselors deem appropriate.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Parent's Signature Date

CONSENT FOR USE OF PHOTOGRAPHS FOR  
PRINT, VIDEO OR WEBSITE MEDIA

I consent to allow all pictures taken of my minor child, \_\_\_\_\_, to be used for publicity and/or outreach materials for Williamson's Chapel United Methodist Church. I hereby indemnify and hold the above organization harmless against any and all claims or damages arising out of taking or use of any pictures or names of said minor child.

\_\_\_\_\_  
Parent/Guardian Signature Date

I DO NOT consent to the above use of photographs for print, video or website media.

\_\_\_\_\_  
Parent/Guardian Signature Date