

Registration and Medical Permission Form

Northwood Presbyterian Youth Group

1. Youth Name: _____ Age: _____ Birth Date: _____ Grade: _____
(first and last name)

2. Youth Name: _____ Age: _____ Birth Date: _____ Grade: _____
(first and last name)

3. Youth Name: _____ Age: _____ Birth Date: _____ Grade: _____
(first and last name)

List any medications being taken and/or allergies (including food allergies):

Youth #1 _____

Youth #2 _____

Youth #3 _____

(For overnight events, medications must be brought in the original prescription containers and held by youth leaders.)

Health conditions (both emotional and physical) of which youth leaders should be aware (please be honest so we are able to serve your youth effectively):

Youth #1 _____

Youth #2 _____

Youth #3 _____

Primary Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____ Cell: _____

Secondary Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____ Cell: _____

Primary Care Physician: _____ Phone: _____

Address: _____

Medical Insurance Company: _____

Subscriber: _____ Policy # _____ Group # _____

Dentist: _____ Phone: _____

Address: _____

Dental Insurance Company: _____

Subscriber: _____ Policy # _____ Group # _____

My child(ren) can be treated with (circle youth for whom permission applies):

___ Ibuprofen (Y1 Y2 Y3) ___ Acetaminophen (Y1 Y2 Y3) ___ Topical creams (Y1 Y2 Y3)

I give permission for any NPC Youth Group representative to authorize emergency treatment for my youth listed above in the event I cannot be reached.

Signature of Parent or Guardian: _____ **Date:** _____

Other Permissions

General:

I give permission for my youth (Circle) Y1 Y2 Y3 to participate in regular youth group meetings at NPC from the present date until September 2007.

Signature of Parent or Guardian: _____ **Date:** _____

Travel:

I give permission for my youth (Circle) Y1 Y2 Y3 to travel by bus, car, and or van with NPC Youth Group to activities. This permission includes all activities on the attached schedule as well as occasional field trips within the Clearwater area and rides home when needed.

Signature of Parent or Guardian: _____ **Date:** _____

Media:

I do / do not (circle one) give permission for NPC to use unidentified photos of (Circle) Y1 Y2 Y3 for the following (check all that apply):

- _____ Church web site
- _____ Newspaper
- _____ Brochures / internal printed materials
- _____ Local or National Presbyterian publications
- _____ NPC's directory
- _____ NPC's Youth Group scrapbook

Northwood will never use children's names in any external publications.

Signature of Parent or Guardian: _____ **Date:** _____

Youth Group Directory:

I do / do not (circle one) give permission for NPC to include my youth (Circle) Y1 Y2 Y3 to be included in a directory to be distributed to YOUTH GROUP MEMBERS AND LEADERS ONLY. Permission includes the following information (check all that apply):

- _____ Name(s) _____ Address
- _____ Phone Number _____ E-mail Address(es)
- _____ Birthday(s)

Signature of Parent or Guardian: _____ **Date:** _____