

Youth Health Form
Northwood Presbyterian Church

(Please Print)

Name of Student _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ E-mail _____

Age _____ Sex _____ Height _____ Weight _____

Social Security Number _____ - _____ - _____

Emergency Contact Person:

Parents / Guardians Names: _____

Address: (if different from student) _____

Phone Number: Home (____) _____ Work (____) _____

Alternate Contact Person: (someone close to the student and parents)

Name: _____

Address: _____

Phone Number: Home (____) _____ Work (____) _____

Insurance:

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at a youth activity.

Do you have health insurance? Yes _____ No _____

Name of Insurance Company: _____

Policy #: _____ Group # _____

Name on the policy: _____

Family Doctor: _____ Phone #: (____) _____

Location of Doctor: _____

Health History:

Pre-existing or present medical conditions: _____

Name & dosage of any medications that must be taken: _____

Please list any allergies your student has, including allergies to medications: _____

Please check any conditions that apply to your student:

___ Diabetes ___ Epilepsy / Nervous Disorders ___ Asthma ___ Frequent Stomach Upsets

___ Physical Handicaps ___ Severe Menstrual Cramps ___ Hay Fever ___ Heart Condition

Please give details of anything checked above, including treatment given:

Date of Last Tetanus Shot _____ Contact Lenses? _____

Any activity restrictions we need to be aware of? _____

Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Northwood Presbyterian Church will apply if my child is injured while in one of the church-owned vehicles, or if my child is injured while on the premises of the church building. Injuries incurred as a result of participation in sports events are exempt in this policy.

I understand that all ordinary safety precautions will be taken at all times by the Northwood Presbyterian Church Youth Group and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility or risk. I agree not to hold Northwood Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent / Guardian Signature

Date: ____/____/____

Transportation Release

I give my permission to the bearer of this letter to transport my child to the program events, sponsored by the Northwood Presbyterian Church of Clearwater, for all programs that take place within Pinellas County and immediate surrounding areas.

Please check the boxes below only if you agree to that statement:

My student, _____ **is allowed to drive another student(s)** in his/her own vehicle during a youth sponsored event, when the youth leader or volunteers give consent.

Please name whom he/she can transport:

My student, _____ **is allowed to ride with a student driver** in their vehicle during a youth sponsored event, when the youth leader or volunteers give consent. Please name whom he/she can ride with:

My student, _____ **may not** ride with anyone other than the adult leaders and volunteers of the youth group. **Nor** may he/she transport other students in his/her personal vehicle.

Parent / Guardian Signature

Date: ____/____/____