

Student Name: _____

**2022
YOUTH GROUP
HEALTH AND
PARTICIPATION
FORM**

HEALTH INFORMATION

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 the activity.

Do you have health insurance? Yes No

Name of Insurance Company (if applicable): _____

Policy Number/Member ID: _____ Group Number: _____

In whose name is the insurance? _____

Family Doctor: _____

City: _____ Doctor's Phone Number: _____

HEALTH HISTORY

Pre-existing or present medical conditions: _____

Name of dosage of any medication that must be taken: _____

Allergies (include allergies to medications): _____

Any major illnesses during the past year?: _____

Any activity restrictions?: _____

Date of Last Tetanus Shot: _____ / _____ / _____

Contact Lenses? Yes No

CONTACT INFORMATION

Student:

Name: _____ Date of Birth: ____ / ____ / ____
Address: _____ Age: _____ Grade: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Emergency Contact Person:

Parent/Guardian Name: _____
Address (if different from student): _____
City: _____ State: _____ Zip: _____
Cell: _____ Home: _____ Work: _____
E-mail Address: _____

Alternate Contact Person: (Use someone near the primary contact)

Name and Relation: _____
Address: _____ Age: _____
City: _____ State: _____ Zip: _____
Cell: _____ Home: _____ Work: _____
E-mail Address: _____

PARTICIPATION AGREEMENT + WAIVER

I, _____, being the parent or legal guardian of the child listed
(print full name)

consent that they may attend Youth Group sponsored by Freedom Hill Community Church.

- I understand that while my child participates in program activities, they are responsible to abide by Youth Group rules and Freedom Hill Community Church. Any serious infraction of rules can result in dismissal from the program.
- I give Freedom Hill Community Church permission to take photos/video of my child for promotional purposes (newsletter, brochure, website, annual report, etc.).
- I give permission for my child to be transported by the church's vehicles (van/bus).
- I hereby release Freedom Hill Community Church, and its agents, assigns, employees and volunteer assistants from any liability whatsoever arising from injury, sickness or damage that may be sustained by my child during the program.

Parent or Guardian Signature: _____

Date: ____ / ____ / ____

MEDICAL + LIABILITY RELEASE

I authorize the staff or volunteers of Freedom Hill Community Church who are trained in the basics of first aid and CPR to administer care to my child when appropriate. I understand that every effort will be made to contact immediately the persons listed on this form in the event I cannot be reached in an emergency requiring medical attention for my child. However, if nobody can be reached, I authorize Freedom Hill Community Church staff or volunteers or emergency personnel/ambulance to transport my child to the nearest medical care facility and to secure necessary medical treatment. I hereby give my permission to the attending 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 treatment is needed.

I understand all reasonable safety precautions will be taken by *Freedom Hill Community Church* and its agents during the events and activities. I understand the possibility of *unforeseen* hazards and know the inherent possibility of risk. I agree *not to* hold *Freedom Hill Community Church*, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

This form is effective starting September 1, 2022 and ending August 31, 2023

Parent or Guardian Signature: _____

Date: ____ / ____ / ____