



# Youth Family Information 2017-2018

**ONE FORM PER FAMILY**

## Youth Information

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_.

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_.

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_.

## Parent Information

Parent Name (1): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Parent Name (2): \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

## Emergency Contact Information (other than parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*\*\*\*To complete this form include a copy of the FRONT and BACK of your insurance card– ONE per family.*



# Youth Family Information 2017-2018

**ONE FORM PER STUDENT**

## Youth Information

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Youth Mobile: \_\_\_\_\_ Youth Email: \_\_\_\_\_

## Youth Medical Information

My youth has permission to take (check all that apply)

Acetaminophen (Tylenol)  Ibuprofen (Advil)  Antacid (Tums)  Diphenhydramine (Benadryl)

List all medications and dosages your youth receives on a regular basis:

Morning: \_\_\_\_\_

Evening: \_\_\_\_\_

### ALLERGIES

Food (list) \_\_\_\_\_

Bee, ant or wasp stings

Medication (list) \_\_\_\_\_

Other (list) \_\_\_\_\_

DIETARY RESTRICTIONS (such as vegetarian, gluten or peanut free)

\_\_\_\_\_

Please describe any physical, emotional, or mental health issues experienced by your student that would help the staff offer the best possible care, safety and discipleship for your youth:  
(Information will be kept confidential unless the parent or guardians gives permission for staff to share with volunteers)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Permission and Release

Signature below shall constitute my permission as the parent/guardian of this child to participate in St. Matthews UMC sponsored events between January 2018 and December 2018. These events may include, but are not limited to, ministry trips, retreats, games and special events. I understand that my youth may be transported by bus, rental van, or car driven by staff or approved adult volunteers. I hereby release and hold harmless St. Matthews UMC its personnel, leaders and volunteers from any and all liability for any injuries, loss, or other claims arising out of this child's participation in these church sponsored events and activities. My signature below gives consent to any St. Matthews UMC employee or volunteer to dispense medication as indicated above. This document or a copy thereof gives consent to any St. Matthews UMC employee or volunteer, in an emergency when I cannot be contacted, to take this child to the nearest appropriate medical facility. The facility and its medical staff have authorization to provide treatment that a physician deems necessary for the well-being of this child.

## Photo Release

St. Matthews UMC may include photos of this youth participating in church activities on its website, newsletters and/ or promotional material. NOTE: It is our policy never to use full names with photos of youth.

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