

MS/HS YOUTH MINISTRY 2022-23

Please complete this form **once** for this school year. If additional space is needed for food allergies, medication, or medical conditions, **please attach** to this form, labeled with your child's name. Forms valid through August 2023.

Medical Form

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

Mailing Address: _____ City/State: _____ Zip: _____

Student cell: _____ Student Email: _____

School: _____ Grade: _____

Name of church you attend: First Friends Church _____ Other _____

Father: _____ Mother: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

If parents are divorced, who has primary custody? Mother _____ Father _____ Guardian _____

Guardian's Name: _____ Cell: _____ Email: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone #1(____) _____ Phone #2(____) _____

Name: _____ Phone #1(____) _____ Phone #2(____) _____

Allergies: _____ Other Medical Conditions: _____

Current medication and dosage: _____

Any medication that is needed during an event must be administered by our designated adult and MUST be in the original container labeled by the pharmacy. If you would like your child to have any over the counter medicine (ie. Tylenol/ibuprofen) it will need to be turned into the youth staff and administered on an as needed basis.

Hospital Insurance: ___Yes___ No Insurance Company: _____ Policy #: _____

Preferred Hospital: _____ Doctor: _____ Phone: _____

In the following statements, First Friends refers to all authorized adult leaders with the youth program, both paid staff and volunteers. These statements are valid from **August, 2022 - August 2023.**

- I give permission for my student, named above, to attend and participate in First Friends activities.
- I give permission for my student to receive communications to their cell / email about MS/HS Ministry events/reminders.
- I give permission for First Friends to photograph my child or myself and use those photographs for future social media/website/advertising. Please email msassistant@firstfriends.org or highschool@firstfriends.org if you do not want your image used
- I give permission for First Friends to transport my student during these activities.
- I give permission for First Friends to make necessary decisions in any medical emergency involving my student.
- I will not hold First Friends Church or Greenhouse 242 / Warehouse 514 volunteers responsible for payment of emergency medical treatment involving my student or liable in any way for any harm to my child during participation in activities.
- The participant agrees to respect any guidelines given by First Friends related to behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

Parent or Guardian Signature: _____ Date: _____

May we add this form to our online secure database. We will not share/sell information. Yes ___ No ___