

Youth Ministry Medical Form

First Friends Church

2024-2025 (Valid June 1, 2024 - August 31, 2025)

Please complete once a year



Name of Student: _____ Grade: 6 7 8 9 10 11 12

School: _____ B-Day (MM/DD/YY) _____

Mailing Address: _____

City/State: _____ Zip: _____ Student Cell # _____

Student Email: _____ T-Shirt Size: YM YL AS AM AL AXL

Church: _____

Father: _____ Mother: _____

Cell # _____ Cell # _____

Email: _____ Email: _____

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

Guardian's Name: _____ Cell # _____

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

Name: _____ Cell # _____ Relationship: _____

List Allergies or Medical Conditions or Medicine Taken Regularly _____

Medicine administered at an event must be given by an adult from the original container, including over the counter medicine..

Dietary Restrictions: _____ Gluten _____ Dairy _____ Peanut _____ Nuts Other: _____

Insurance Company: _____ Policy # _____

Hospital: _____ Doctor: _____ Phone: _____

In the following statements, First Friends refers to all adult leaders with the youth program as both paid staff and volunteers.

I give permission for my student, named above: (Initial each line)

_____ to attend and participate in First Friend Church youth ministry activities.

_____ for my student to receive communications to their cell/email about MS/HS events/reminders.

_____ for First Friends to photograph/video my child and use it in promotional materials including social media.

_____ for First Friends to transport my student during these activities.

_____ for First Friends to make necessary decisions in any medical emergency involving my student.

_____ I will not hold First Friends Church staff, or Greenhouse242 or The Warehouse volunteers responsible for payment of emergency medical treatment involving my student or liable for harm to my child during participation.

_____ I agree that my student will respect the guidelines given by First Friends Church related to expected behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

Parent or Guardian Signature: _____ Date: _____