



**MS/HS YOUTH MINISTRY 2021-22**

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 labeled with your child's name. Forms valid through August 2022.

**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, 2021 - August 2022.**

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](mailto:msassistant@firstfriends.org) or [highschool@firstfriends.org](mailto: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 \_\_\_\_\_