

Personal Information

Student Last Name	First Name	Middle Name	Preferred
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Male Female

School	Grade
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Home Phone	Cell Phone	Cell Carrier (i.e. Verizon, AT&T)	email address
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Family Information

Father's Name	Stepfather's Name (if applicable)
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Mother's Name	Stepmother's Name (if applicable)
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With whom do you live?

If you would like a copy of info sent to parent whom you do not live with, list name and address here ➡

Home Street Address	Town, State and Zip Code
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Father's email address	Father's Cell Phone	Cell Carrier
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Mother's email address	Mother's Cell Phone	Cell Carrier
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Interests

Music (i.e. singing, playing an instrument, etc.) and Sports/Hobbies (list as many as you can think of)

Best Friends in the Youth Group (list)

Spiritual Gifts (list gifts you believe God has given you, i.e. teaching, encouragement, compassion, wisdom, knowledge, healing, assisting, leadership, sharing your faith, following, etc.)

Medical Treatment and Activity Authorization

Has this person had any medical problems of which an emergency physician would need to be aware (i.e. but not limited to asthma, allergy to drugs, food or other, chronic illnesses, headaches, heart ailment, epilepsy, diabetes, physical handicaps, emotional problems, or dietary restrictions)? Yes No

Should there be any limits on physical activity? Yes No

At the present time, is this person under a physician's care? Yes No

If yes for any of the above, please describe: _____

Is this person taking any medication? Yes No

If yes, list names, dosage, purpose, and any side effects: _____

Is this person covered by medical insurance? Yes No

Name of Insurance Company: _____

Policy Number: _____

Name of Insured: _____ Relationship to Participant: _____

Is preauthorization required by your insurance company for emergency services?

Yes No

If so, what is the phone number of the insurance company? _____

Physician's Name and telephone number: _____

If this person is below the age of legal consent (18 years) the law requires that we have your permission to give medical service should the need arise. Please carefully review and sign below.

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all youth group activities except as noted.

I hereby give my permission to the adult leaders of Simsbury United Methodist Church Methodist Youth Fellowship (hereinafter called MYF) to seek routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to the adult leaders of MYF to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leaders of MYF to secure and administer treatment, including hospitalization, for the person named above. I also agree to assume any financial responsibility for my child's care. I agree to the release of any records necessary for insurance purposes, and under current HIPAA regulations I give permission to release information to the adult leaders of MYF regarding diagnosis, treatment and necessary prescriptions. I understand that there are inherent risks to my child participating in any church sponsored event, even with the best of circumstances. With such knowledge, I hereby accept such risks, and having read all of the above information, I hereby give my permission for my son/ daughter to attend events sponsored by Simsbury United Methodist Church during the 2011-2012 academic year.

Parent/Guardian Printed Name: _____ **Phone Number:** _____

Parent/Guardian Signature: _____ **Date:** _____