

Registration and Medical Permission Form 2010-11

St. John's UMC Youth Group (R.O.C.Y.M.)

Dover, NH

Youth Name: _____ Age: _____ Birth Date: _____ Grade: _____
(first and last name)

List any medications being taken and/or allergies (including food allergies): _____

(For overnight events, medications must be brought in the original prescription containers and held by youth leaders.)

Health conditions (both emotional and physical) of which youth leaders should be aware (please be honest so we are able to serve your youth effectively): _____

Primary Emergency Contact: _____
Relationship: _____ Phone: _____
Address: _____ Cell: _____
E-mail: _____

Secondary Emergency Contact: _____
Relationship: _____ Phone: _____
Address: _____ Cell: _____

Primary Care Physician: _____ Phone: _____
Address: _____

Medical Insurance Company: _____
Subscriber: _____ Policy # _____ Group # _____

Dentist: _____ Phone: _____
Address: _____

Dental Insurance Company: _____
Subscriber: _____ Policy # _____ Group # _____

Medical Authorization

My child can be treated with ___ ibuprofen ___ acetaminophen ___ topical creams

I give permission for any St. John's Youth Group representative to authorize emergency treatment for my child, _____, in the event I cannot be reached.

Signature of Parent or Guardian: _____ Date: _____

Other Permissions/Policies

(Check all that apply)

General:

___ I give permission for my child, _____, to participate in regular youth group meetings at St. John's UMC in Dover, NH from the present date until September 2011.

Travel:

___ I give permission for my child, _____, to travel by car with St. John's UMC Youth Group to activities. This permission includes all activities on the attached schedule as well as occasional field trips within the Dover area and rides home when needed.

Media:

___ I give permission for St. John's UMC to use unidentified photos/videos of my child, _____, for the following (check all that apply):

- ___ church web site
- ___ internet (youtube for example)
- ___ newspaper
- ___ brochures/internal printed materials
- ___ New England/National United Methodist publications

St. John's will never use children's names in any external publications.

Youth Group Directory:

___ I give permission for St. John's UMC to include my child, _____, in a directory to be distributed to YOUTH GROUP MEMBERS AND LEADERS ONLY. Permission includes the following information (check all that apply):

- | | | |
|--------------------|--------------|------------------|
| ___ Name | ___ Address | ___ Phone Number |
| ___ E-mail Address | ___ Birthday | |

Signature below indicates permission(s) granted for each of the checked items above:

Signature of Parent or Guardian: _____ Date: _____

Policies and Procedures:

Signatures below indicate the youth and parent(s) have received a copy of the St. John's UMC Youth Group Policies and Procedures for 2010-2011 and agree to abide by them.

Signature of Youth: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____