

Youth Name: _____

Health Statement

Please fill this out in order that we might be more fully aware of your youth's special needs and facilitate medical attention that might be required while on the event/trip.

Parent/Guardian Name: _____ Home Phone: _____

Address: _____

Emergency Contact Name/Number: _____

Physician Name and Number: _____

Restriction on Activities: _____

Restrictions on Diet: _____

Medication required during event/trip. Give name, purpose, instructions for adult leaders.

Medication	Dosage	Frequency

Are there any medications your youth should not be given (Asprin, throat lozenge, laxative, etc.)

Allergies:

___ Penicillin ___ Bee or insect sting ___ Poison Ivy/Oak ___ other (list)
___ Sulfa or other ___ Hay Fever ___ Tetanus Shot _____

Subject To:

___ Fainting ___ Convulsions ___ Headaches ___ Upset Stomach
___ Cramps ___ Sore Throat ___ Exhaustion ___ Colds/Cough
___ Earaches ___ Nose Bleeds ___ Hyperactivity ___ Swimmer's Ear
___ Toothaches ___ Homesickness ___ Sleep Walking

Date of tetanus shot or booster: _____

Swimming Ability: ___ Beginner ___ Intermediate ___ Advanced

Any other information that would help adult leaders understand and relate to your youth better or any things else what we need to know:

Parent/Guardian Release

Acworth United Methodist Church

I/we give my youth permission to participate in activities with Acworth UMC programs offsite and on and understand that this experience includes my transportation consent for my youth's travel to and from any event. I/we give permission to AUMC to use photos of my youth's ministry involvement for promotional use as well as website placement. I/we understand that, in the event medical treatment is required, every effort will be made to contact me. However, I/we grant permission to the adults chaperoning and leading the event from Acworth UMC to seek emergency treatment for my youth by a licensed physician or hospital in the case of illness, accident or injury and grant them permission to release any information requested for the completion of medical/surgical or accident claims for my son/daughter.

Signature of Parent/Guardian

Date

Personal Health Insurance Policy Name: _____

Policy Number: _____

Notary _____ Date _____

Conduct Covenant

I, _____ covenant with the Adult Leaders, youth, and my parent guardian. I promise my actions will represent each well during any event, which I undertake. I promise I will follow all the rules set before me in regards to the event or trip. I will act in a Christian manner. I will not smoke, vape, or juul, use drugs or alcohol or participate in other activities or actions that are inappropriate. I promise to strive to make the trips and events I participate in that best it can be.

Signature of Student

Date

Signature of Parent/Guardian

Date