

Student Name: \_\_\_\_\_

# **2024-2025 YOUTH GROUP HEALTH AND PARTICIPATION FORM**

# HEALTH INFORMATION

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance?     ☐ Yes     ☐ No

Name of Insurance Company (if applicable): \_\_\_\_\_

Policy Number/Member ID: \_\_\_\_\_     Group Number: \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor: \_\_\_\_\_

City: \_\_\_\_\_     Doctor's Phone Number: \_\_\_\_\_

## HEALTH HISTORY

Pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_

Name of dosage of any medication that must be taken: \_\_\_\_\_

\_\_\_\_\_

Allergies (include allergies to medications): \_\_\_\_\_

\_\_\_\_\_

Any major illnesses during the past year?: \_\_\_\_\_

\_\_\_\_\_

Any activity restrictions?: \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Lenses?     ☐ Yes     ☐ No

# CONTACT INFORMATION

## Student:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Contact Person:

Parent/Guardian Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Alternate Contact Person: (Use someone near the primary contact)

Name and Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# PARTICIPATION AGREEMENT + WAIVER

I, \_\_\_\_\_, being the parent or legal guardian of the child listed  
(print full name)

consent that they may attend Youth Group sponsored by Freedom Hill Community Church.

- I understand that while my child participates in program activities, they are responsible to abide by Youth Group rules and Freedom Hill Community Church. Any serious infraction of rules can result in dismissal from the program.
- I give Freedom Hill Community Church permission to take photos/video of my child for promotional purposes (newsletter, brochure, website, annual report, etc.).
- I give permission for my child to be transported by the church's vehicles (van/bus).
- I hereby release Freedom Hill Community Church, and its agents, assigns, employees and volunteer assistants from any liability whatsoever arising from injury, sickness or damage that may be sustained by my child during the program.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## MEDICAL + LIABILITY RELEASE

I authorize the staff or volunteers of Freedom Hill Community Church who are trained in the basics of first aid and CPR to administer care to my child when appropriate. I understand that every effort will be made to contact immediately the persons listed on this form in the event I cannot be reached in an emergency requiring medical attention for my child. However, if nobody can be reached, I authorize Freedom Hill Community Church staff or volunteers or emergency personnel/ambulance to transport my child to the nearest medical care facility and to secure necessary medical treatment. I hereby give my permission to the attending physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical treatment is needed.

I understand all reasonable safety precautions will be taken by **Freedom Hill Community Church** and its agents during the events and activities. I understand the possibility of **unforeseen** hazards and know the inherent possibility of risk. I agree **not to** hold **Freedom Hill Community Church**, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

This form is effective starting September 1, 2024 and ending August 31, 2025

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_