



Youth Health & Release Form
Spring Creek Church of the Brethren

Child's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Number: (____) _____ **Home Number:** (____) _____

DOB: _____ **Age:** _____ **School:** _____

Parent/Guardian Name(s): _____

Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Cell Number: (____) _____ **Home Number:** (____) _____

Alternate Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Number: (____) _____ **Home Number:** (____) _____

Insurance Information

Do you have health insurance? ____Yes ____ No

Name of Insurance Company: _____

Policy Number: _____ **Group Number:** _____

In whose name is the insurance? _____

Family Doctor: _____ **City:** _____

Doctor's Phone Number: (____) _____

Please include a copy of your insurance card with this form.

Health History

Pre-existing or present medical conditions that would be helpful to know.

Name and dosage of any medications student takes. Please send necessary information should medication need to be administered.

I give permission for basic medications (e.g., Tylenol, Advil, Aleve) to be administered to my child.

YES _____ No _____

Please list all food, seasonal or other allergies.

Date of Last Tetanus Shot: _____

Other health issues you would like to share.

In signing this health form, I hereby certify that the above information is correct. In case of emergency, I understand that every effort will be made to contact parents or guardians of participants. In the event that I cannot be reached, I hereby give permission to the youth group leadership, who are responsible for my son/daughter/ward, to obtain emergency medical treatment available by a qualified doctor or hospital in the event of an accident/injury. This authorization may include, but not be limited to x-ray, injection, anesthesia, surgery, diagnosis or hospitalization advised by and under the supervision of a licensed physician.

I assume the risk and financial responsibility for any injury resulting from the youth's participation in youth group activities. Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, you as the parent or guardian agree to assume and accept all risks inherent in church/youth related activities. You agree not to hold this church, its employees or volunteer staff, liable for damages, losses or injuries to persons or property.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in youth events. Drivers will have insurance and clearances on file with the church.

I understand the general guidelines of behavior; that the participant must respect and obey the instructions of the adult(s) in charge and that no alcohol, illegal drugs, or sexual misconduct will be permitted at youth events.

Parent or Guardian's Signature

Date

*Please return the completed form to Michelle Sheppard.
msheppard@springcreekcob.org*