

**Fountain Inn Presbyterian Church
Youth Division Medical and Permission Form**

Name of Youth: _____ Birth date: ___/___/___

Parent(s)/Guardian(s) _____

Home Address: _____

Mailing Address (if different from above): _____

Home Phone # _____

Mother's Cell # _____ Father's Cell # _____

Mother's Work # _____ Father's Work # _____

Parent's Email address(es) _____

Permission:

I/we acknowledge that Fountain Inn Presbyterian Church establishes standards of conduct and supervision of community life to provide for the safety and well-being of all participants in FIPC sponsored events. If a participant chooses to act outside of these standards of conduct, FIPC cannot assume legal responsibility to provide for the safety, care, conduct or discipline of the youth or other participants in connection with such activities. I/we understand should the youth behave in a manner deemed inappropriate, he/she will be sent home at the expense of the undersigned.

By signing below, _____ (Name of Youth) has my/our permission to participate in youth activities sponsored by Fountain Inn Presbyterian Church, September 1st, 2016 – August 31st, 2017.

Transportation Release:

By signing below, I/we give permission for my/our child to ride with FIPC designated adult chaperones and/or in transportation arrangements approved by FIPC during outings and trips.

Parent/ Guardian Consent/ Release for Emergency Medical Treatment:

I/we, _____, state that I/we am/are the parent/guardian(s) of _____ . In the event of an emergency necessitating medical attention, I/we hereby consent and give permission to the staff/sponsors of FIPC or any attending physician to make decisions to administer medical treatment to the above named youth which may be necessary and proper under the circumstances. I/we do release, acquit, discharge and covenant to hold harmless the FIPC staff/sponsors from any and all actions, damages and liabilities arising out of the treatment of any sickness or accident while said youth is participating in any activity of FIPC.

Family physician and phone # _____

Insurance Provider: _____ Name of Insured _____

Policy/ID Number _____ Group Name _____

Emergency Contact: In case of emergency and the parents/guardians cannot be reached:

Name _____ Relationship to Youth _____

Phone Numbers: Home _____ Cell/Work _____

Medical History/ Medications:

Medication Allergies, Food Allergies and Other Allergies (including insect stings, hay fever, asthma, ivy poisoning, animal dander, etc.). List all known allergies. Describe reaction and management of the reaction

<u>Allergy</u>	<u>Reaction/Management</u>
_____	_____
_____	_____

List any chronic or existing medical issues (diabetes, epilepsy, etc.) _____

Date of his/her last tetanus shot? (mm/dd/yyyy) _____

Please list any **dietary restrictions** that apply to your child. (*vegetarian, lactose intolerance, etc.*)

Are there any activities which you wish your child not to participate? _____

Specific prescription medications that may need to be taken during youth events should be listed below and will need to be updated for any changes or additions prior to any trip or overnight stay to insure all medication is properly monitored and given in appropriate dosages. There may be certain over-the-counter drugs that may need to be taken for various reasons. Listed below are possible complaints and medicine to be administered. Please indicate those listed which you wish to be administered to your child as needed. **If you leave a line blank, we will not be able to give your child the medicine listed below for any reason.**

<u>Camper Complaint</u>	<u>Medicine Administered</u> (or generic equivalent)
_____ Minor aches & pains, headaches, toothaches, or elevated temperature	Motrin, Tylenol, Ibuprofen
_____ Itching, rash, poison ivy, insect bites, or sunburn	Benadryl, Calamine, 1% Hydrocortisone Cream, Aloe
_____ Mild diarrhea (w/o other symptoms)	Imodium
_____ Upset stomach	Tums, Pepto Bismal
_____ Minor cuts, scratches, abrasions	Triple antibiotic (Neosporin), Sterile Wipes
_____ Mosquito, insect bites	Insect repellent, Skeeter Stik, After Bite
_____ Itchy, watery eyes, sneezing, runny nose	Benadryl tablet
_____ Stuffy nose	Sudafed
_____ Sore throat	Throat lozenges
_____ Sun exposure	Sunscreen

Please list **ALL** medications your youth takes routinely, including over-the-counter medicines:

Medication #1 _____ Dosage _____
 Specific times taken each day _____

Medication #2 _____ Dosage _____
 Specific times taken each day _____

Medication #3 _____ Dosage _____
 Specific times taken each day _____

Note: Please send enough medication to last the entire time of any trip/event. *Medications should be placed in a Ziploc bag, in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. All medications, including over-the-counter/nonprescription, must be turned in at the start of the event.*

Further, I/we state that I/we have thoroughly read the above Fountain Inn Presbyterian Church Youth Division Medical and Permission Form and by signing below, I/we additionally agree to the following:

- A copy of the Youth Division policies was made available to myself and my youth. We read and understand the guidelines set forth by the Youth Division. _____ *(initial)*
- I/we give the church permission to use any pictures or videos taken at youth events for promotion, bulletin boards, internet, or any other application approved by the Youth Division. _____ *(initial)*
- All information written above is complete and accurate, and I/we understand that it is my/our responsibility to update any information that changes. _____ *(initial)*

Please Print/Sign:

Parent/Guardian _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

Youth _____ Signature _____ Date _____