

HEALTH FORM, CCYM

PLEASE PRINT AND INCLUDE A COPY OF INSURANCE CARD

Name of Youth \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security Number \_\_\_\_\_

Parent (s) Names \_\_\_\_\_

Address if different from student \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (mother) (\_\_\_\_\_) \_\_\_\_\_

Father (\_\_\_\_\_) \_\_\_\_\_ cell phones (\_\_\_\_\_) \_\_\_\_\_

Alternate emergency numbers: name \_\_\_\_\_ relation \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Information:

Name of company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

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

Family Doctor \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

Health history

Medical conditions we need to know:

Allergies: \_\_\_\_\_

Medications taking: \_\_\_\_\_

Wear contacts: \_\_\_\_\_ date of last tetanus \_\_\_\_\_

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I(we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the United Methodist Church.

I understand that my insurance coverage will used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

For promotional and publicity purposes, I will allow my youth's picture to be taken and used. I will allow my youth to ride with the adult district youth coordinator or conference youth coordinator to conference and district events when necessary, realizing there may be times when it is just the adult and my youth. I understand that all of these adults are Safe Sanctuary certified by the conference, which includes a background check.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_