

KNOLLWOOD BAPTIST CHURCH YOUTH MINISTRY
MEDICAL INFORMATION AND RELEASE FORM

YOUTH FULL NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

MEDICAL INFORMATION

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION FOR MINOR AILMENTS:

- Acetaminophen (Tylenol)
- Ibuprofen
- Diphenhydramine (Benadryl)
- 1% Hydrocortisone cream
- Hydrogen Peroxide
- Polysporin/Neosporin
- Antacid
- Other: _____

DATE OF LAST TETANUS VACCINE: _____

LIST ANY ALLERGIES TO MEDICATIONS, FOODS, OR ENVIRONMENTAL FACTORS:

DOES YOUTH HAVE:

- ASTHMA
- SEIZURE DISORDER
- DIABETES
- OTHER MEDICAL CONCERN THAT MIGHT AFFECT ABILITY TO PARTICIPATE
 - EXPLAIN: _____

EMERGENCY MEDICATIONS TO BE KEPT AVAILABLE FOR IMMEDIATE USE (including inhalers and Epi-pens):

PLEASE DENOTE WHETHER: _____ YOUTH WILL KEEP -OR- _____ ADULT WILL KEEP

PRIMARY PHYSICIAN: _____

PRIMARY PHYSICIAN PHONE #: _____

INSURANCE COMPANY: _____

NAME OF POLICY HOLDER: _____

GROUP NUMBER: _____ **POLICY NUMBER:** _____

MEDICATION SCHEDULE

PLEASE NOTE that all medications (other than those over-the-counter medicines listed previously) must be turned in prior to leaving on any Knollwood sanctioned activity/trip. They will be kept and managed by a chaperone for the duration of the activity/trip and returned upon our return to KBC. Please provide a list of medications for your youth, along with each dosage and frequency, below.

MEDICATION

DOSAGE:

FREQUENCY:

PERMISSION/AUTHORIZATION

Should emergency medical treatment be necessary, I authorize Joshua Godwin, YOUTH MINISTER of KNOLLWOOD BAPTIST CHURCH, to act on my behalf and approve of appropriate treatment. I agree to assume financial responsibility for all expenses of such care not covered by medical insurance.

YOUTH FULL NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

****This form shall be valid for one calendar year from the date of signature****

**KNOLLWOOD BAPTIST CHURCH
YOUTH MINISTRY INFORMATION FORM**

YOUTH FULL NAME: _____

PREFERRED NICKNAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

SCHOOL: _____ **GRADE:** _____

SIBLINGS NAMES AND AGES: _____

YOUTH EMAIL: _____ **YOUTH PHONE:** _____

PARENT/GUARDIAN NAME: _____

PARENT EMAIL: _____ **PARENT PHONE:** _____

PARENT/GUARDIAN NAME: _____

PARENT EMAIL: _____ **PARENT PHONE:** _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOUTH : _____ **PHONE:** _____

DOES YOUTH HAVE ANY RESTRICTION TO PHYSICAL ACTIVITY OR PARTICIPATION IN YOUTH GROUP ACTIVITIES:

DOES YOUTH HAVE ANY SPECIAL DIETARY NEEDS: _____

WHAT ARE YOUTH'S INTERESTS/ACTIVITIES AT KBC: _____

WHAT ARE YOUTH'S INTERESTS, HOBBIES, OR EXTRACURRICULAR ACTIVITIES: _____

ADULTS AUTHORIZED TO PICK UP MY YOUTH FROM ACTIVITIES: _____

IF YOU HAVE ADDITIONAL IMPORTANT INFORMATION TO SHARE REGARDING YOUR YOUTH THAT WOULD BE HELPFUL TO KBC.YM, PLEASE CONTACT THE YOUTH MINISTER DIRECTLY.

KBC.YM PHOTO RELEASE AUTHORIZATION

I am aware that photographs or video may be taken of Knollwood Baptist Church Youth Ministry (KBC.ym) participants during events, activities, and classes by KBC staff members, professional photographers, news media, or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of my child.

I release KBC and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give KBC and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial, or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards and web pages.

CHILD'S NAME: _____ AGE _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN'S NAME: _____