

CHESTERFIELD BAPTIST YOUTH EMERGENCY FORM

STUDENT INFORMATION

Name _____ Date of Birth _____ Age _____ Gender _____

Grade _____ Cell Phone _____ Email Address _____

PARENT INFORMATION

Parent/Guardian Names _____

Address _____ Lives with Mom Dad Both

City _____ Zip _____ Preferred Email _____

Other Email _____ Work Phone _____

IMPORTANT PHONE NUMBERS

Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

If parents cannot be reached, in case of emergency, please call _____

Relationship to child _____ Phone: _____

PERMISSION TO PICK-UP CHILD(REN)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of anyone NOT allowed to pick-up child(ren) _____

FOR SAFETY

Can your child swim? _____

Has your child ever had heat related injuries? **YES** **NO** If yes, please explain _____

Is there any reason your child cannot do physical activity or extensive physical exercise? _____

ALLERGIES

Food Allergy _____

Insect allergy requiring medication _____

Medication for allergies, including inhaler or epi-pen _____

Describe reaction to above allergen _____

Please complete the back also.

Date Completed _____	
Date Updated _____	Initials _____
Date Updated _____	Initials _____

MEDICAL INSURANCE AND HISTORY

Insurance Provider _____ Policy number _____

My child does not have medical insurance.

Doctor _____ Phone # _____ Preferred Hospital _____

Date of last Tetanus or Tdap shot _____

Please check all medical conditions that apply

Asthma/Respiratory ADHD/ADD Diabetes Hearing Loss Heart Problem

Neuromuscular Disorder Orthopedic Disorder Psychiatric/emotional Seizures

Vision Problems (wears glasses or contacts) Stomach/Colon disorder Other _____

Please describe any special treatment needed, procedure to be followed or daily medication taken for the above checked health problems:

PERMISSION AND MEDICAL TREATMENT WAIVER

I, _____, the parent/guardian of _____ do hereby give my permission for him/her to attend the activities of the church and to be treated for a medical emergency in my absence while participating in the Youth Ministry Program. The Youth Minister or Adult Supervisor may act as an agent in my absence. In case of accident, I do not hold the Youth Minister, Chesterfield Baptist Church, its staff, or adult chaperones responsible. I also give permission to the Youth Minister or chaperones to administer medication to my child, not allowing him/her to dispense his/her own medication.

Parent/Guardian Signature

Date

PHOTO RELEASE

I hereby grant to Chesterfield Baptist Church and to its employees, agents and assigns the right to photograph my child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Parent/Guardian Signature

Date

OR

I DO NOT grant Chesterfield Baptist Church and its employees, agents, and assigns the right to use photographs of my child(ren) in any publication process.

Parent/Guardian Signature

Date