



Please complete both sides. If additional space is needed to communicate food allergies or medication, or medical conditions, please attach an additional page labeled with your child's name. Forms valid through August 30, 2021.

MS/HS Youth Ministry Medical Form 2020-21

Name of Student: _____ Birth Date: ____/____/____

Mailing Address: _____ City: _____ Zip: _____

Student's Cell: (_____) _____ Student's Email: _____

School: _____ Grade: _____

Name of Church You Attend? First Friends Church Other _____

Father: _____ Mother: _____

Cell: (_____) _____ Cell: (_____) _____

Email: _____ Email: _____

If parents are divorced, who has primary custody? Mother Father Guardian _____

Guardian's Name: _____ Cell: (_____) _____

Relationship: _____ Email: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Relationship _____ Cell: (____) _____

Name: _____ Relationship _____ Cell: (____) _____

Allergies: _____ Other Medical Conditions: _____

Current medication and dosage: _____

Any medication that is needed during an event must be administered by our designated adult and MUST be in the original container labeled by the pharmacy. If you would like your child to have any over the counter medicine (ie. Tylenol/Ibuprofen) it will need to be turned into the youth staff and administered on an as needed basis.

Hospital Insurance: Yes No Insurance Company _____ Policy #: _____

Preferred Hospital: _____ Doctor: _____ Phone: (____) _____

In the following statements, First Friends refers to all authorized adult leaders with the youth program, both paid staff and volunteers. These statements are valid from **August 1, 2020 - August 30, 2021**.

I give permission for my student, named above, to attend and participate in First Friends activities.

I give permission for my student named above to receive communications to their cell and/or email about MS/HS Ministry events/reminders.

I give permission for First Friends to photograph my child or myself and use those photographs for future social media/website/advertising. Please email msassistant@firstfriends.org or highschool@firstfriends.org if you want to opt out your child from being photographed.

I give permission for First Friends to transport my student during these activities.

I give permission for First Friends to make necessary decisions in any medical emergency involving my student.

I will not hold First Friends Church, employees, or GreenHouse 242 /Warehouse 514 volunteers responsible for payment of emergency medical treatment involving my student or liable in any way for any harm to my child during participation in activities.

The participant agrees to respect any guidelines given by First Friends related to behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

I agree that my child will follow all safety protocols and procedures and guidance set forth by FFC Leadership.

I have read and agreed to the COVID-19 Statement of Waiver of Liability and Assumption of Risk Related to Coronavirus/COVID-19 on page 2 of this document.

Parent or Guardian Signature: _____

Date: _____