

**First Parish Church in Concord
Youth Group Emergency Form**

Participant Name: _____

Home Address: _____ Phone: _____

Emergency Contact Information:

Primary Parent/Guardian: _____ Phone: _____

Address: _____ Cell Phone: _____

Secondary Parent/Guardian: _____ Phone: _____

Address: _____ Cell Phone: _____

If not available in emergency contact: _____ Phone: _____

Relationship: _____ Address: _____ Cell Phone: _____

Is the youth covered by family medical/hospital insurance? Yes No

Cardholder's Name: _____ Carrier/Plan Name: _____

Group Number: _____

Name of Family Physician: _____ Phone: _____

Name of Family Dentist/Orthodontist: _____ Phone: _____

Health History

Are there any physical, emotional, or behavioral issues First Parish should be aware of?

Recent or ongoing medical treatment? Yes No (please note below)

Allergies (consider food, drug, environmental):

Describe reaction and management of the reaction

Medications:

Does the youth require any medications? Yes No (please give details below)

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for medication: _____

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for medication: _____

Parent Authorization: I attest that this health form is accurate and complete, and that the person described herein has permission to participate in all Youth Group activities except as noted by me. If I cannot be reached in an emergency, I hereby grant permission to the adult chaperones or other medical personnel to secure and administer treatment, including hospitalization, for the above named person. This completed form may be photocopied for use on trips outside of First Parish.

Parent/Guardian Signature: _____ Date: _____

Photo Media Release

I give permission for my child to be photographed. Some of these photos may be displayed on the walls at First Parish, on brochures or on the First Parish website.

Parent/Guardian Signature: _____ Date: _____