

# Christ Church Youth

4383 Old Harrodsburg Rd #130 - Lexington, KY 40513

**2021** Information-Medical-Permission [IMP]Form



## Information

Name \_\_\_\_\_

\_\_\_\_\_  
Last name First name MI

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptized: Yes \_\_\_ No \_\_\_ (Year Baptized \_\_\_\_\_)  
Month Day Year

Name(s) of Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

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

Cell Phone Number(s) (Mom) (\_\_\_\_) (Dad) (\_\_\_\_)

Email (Mom) \_\_\_\_\_ Email (Dad) \_\_\_\_\_

Contact person if Parent or Guardian cannot be reached \_\_\_\_\_

Contact person's phone number(s) (\_\_\_\_) Relationship of Contact \_\_\_\_\_

## Medical Information for 2021

Name of Doctor \_\_\_\_\_ Doctor's Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Insurance Phone (\_\_\_\_) \_\_\_\_\_

Is youth on any medications? No \_\_\_ Yes \_\_\_ If yes, please list medicines and purpose of each

Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while participating in Christ Church Youth events.

\_\_\_\_\_

Does the youth have any behavioral concerns that we should know about?

Give a record of past medical treatment.

Youth's immunizations are all current - Yes No Date of last tetanus shot: \_\_\_\_\_

Please circle allergies youth has. None - Bee Sting - Penicillin - Sulfa Drug - Other - (Please list)

Provide a record of any dietary restrictions/allergies or needs youth may possess.

} Epi Pen Required for allergic reactions? \_\_\_\_\_

Are there any activities that the youth should not participate in due to physical or psychological (fears) reasons?

DO NOT release my child to the following person(s)- \_\_\_\_\_

## Permissions for 2021

\_\_\_\_\_ I give permission and consent for my child to participate in any and all Christ Church Youth activities at the church.

Initial

\_\_\_\_\_ I give permission and consent for my child to use transportation approved by Christ Church for my child to participate in any and all off site activities in Lexington (including but not limited to CCY On Location, Small Family Gatherings, ministry locations in Lexington, etc.)

Initial

\_\_\_\_\_ I give permission and consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during Christ Church Youth activities/events to be used, distributed, or shown as Christ Church sees fit.

Initial

\_\_\_\_\_ I give permission and consent for my child to participate in one on one mentoring with approved CCY counselors. **Form on Back**

Initial

\_\_\_\_\_ I certify that my child is in good physical condition for all youth activities (except for any listed above).

Initial

\_\_\_\_\_ I give permission and consent to Christ Church Youth ministry leaders to give over the counter medication (such as ibuprofen, Benadryl, etc.) to my child per directions on packaging as deemed necessary for minor ailments.

Initial

\_\_\_\_\_ In case of emergency, I hereby give permission to the physician, nurse, hospital, etc. selected by Christ Church Youth leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above. In case of illness or accident, I give permission for the release of medical records for medical and insurance purposes. I hereby release Christ Church from responsibility for the injury of my child. I agree to submit my insurance claims to my insurance carrier first.

Initial

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_