

Christ Church Youth

1111 Catnip Hill Road, Nicholasville, KY 40356

2024 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 2024

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)

Epi Pen Required for
allergic reactions? _____

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

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 2024

— Initial 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 the Lexington area (including but not limited to CCY On Location, Small Family Gatherings, ministry locations, etc.)

— Initial I give permission and consent for my child to participate in small group mentoring with approved CCY counselors. **Form on Back**

— Initial I give permission and consent to the use of any video images, photographs, audio recordings, or any other visual or audio production 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 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, enadryl, 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.

Parent/Guardian's signature _____ Date _____

Christ Church Youth Mentoring 2024

To fill out form, mark out the names of people, places, and days not approved for mentoring

Permitted Persons, Locations and Times

As Parent/Legal Guardian of the subject of this release, I give my permission for the subject of this release to meet with Andy McSpadden, Holly Wenning, Meghan McSpadden, Sarah Painter, other _____ for the purpose of a faith-mentoring relationship limited to the following public places:

McDonald's 2012 Harrodsburg Rd
McDonald's of Palomar Centre
Panera of Palomar Centre
Jimmy Johns of Palomar Centre
Moe's (Fayette Mall)

Chick-fil-A 2025 Harrodsburg Rd
Qdoba of Palomar Centre
Fazoli's of Palomar Centre
Food Court (Fayette Mall)
Smashing Tomato (Fayette Mall)

Raising Cane's 2030 Harrodsburg Rd
Chick-fil-A 4275 Harrodsburg Rd
Pie Five (Fayette Mall)
Starbucks (Palomar-Fountains)
Culvers (Reynolds Road)

and limited to the following days of the week:

Monday Wednesday Friday Sunday
Tuesday Thursday Saturday

PARENT/GUARDIAN SIGNATURE

_____ Date _____