

REGISTRATION, MEDICAL & CONTACT INFORMATION—2019-2020 Senior P.F. & Confirmation 2

First United Church of Christ (Congregational)

34 West Main Street, Milford, CT 06460

This form registers youth for Senior Pilgrim Fellowship and Confirmation 2, and grants permission for your child to participate in SrPF, have pictures of them included in the church newsletters, publications, and bulletin boards, travel with JPF on any trip away from church property and have medical care sought by adult advisors in case of an emergency when you cannot be reached. You will be contacted as soon as possible. **You must fill out and sign the medical and contact information in order for youth to participate in SrPF.**

Youth's Name: _____
Last First MI

Home Address: _____
Street Address City State Zip Code Birth Date : _____

Gender: _____ Grade: _____ Home ph#: _____

School: _____ Youth cell #: _____

Youth email: _____ Parent ph#: _____

DOCTOR: _____ Phone: (____) _____

Youth's Health Insurance Company: _____ Policy #: _____

Name of Primary Insured _____ ****ATTACH COPY OF INSURANCE CARD****

Please check all that apply to your child: Asthma Vision/Hearing Emotional/Behavior

Frequent Colds Seizure Disorder Physical Disability Stomach Upsets Diabetes

Mental Disability Sleep Disturbance Motion Sickness Disability

Appliances (retainers, contact lenses, etc.) Other: _____

If any of the above is checked, please give important details: _____

Restriction with descriptions (dietary, physical, other): _____

Date of last: Tetanus Shot _____

ALLERGIES to medications, foods, or other (insect sting/bite, seasonal, asthma, etc.). {Include reaction}

Medication(s): (list all meds being taken, prescription or non-; reason for taking; dosage and frequency):

During an event that lasts more than the normal 90 minutes, can your child be expected to take the right amount of medication at the proper time? Yes No (If no, make arrangements with an Advisor)

****I give my child permission to administer his/her own medications _____ (initial if yes)**

Other Pertinent Health Information: _____

CONTACT INFORMATION (to be used for emergency and/or regular contact situations)

1 (Parent/Guardian): _____ Relationship: _____

Address: _____ Email: _____

Phone H: _____ W: _____ C: _____

Contact Person 2: _____ Relationship: _____

Address: _____ Email: _____

Phone H: _____ W: _____ C: _____

Contact Person 3: _____ Relationship: _____

Address: _____ Email: _____

Phone H: _____ W: _____ C: _____

Please add any other email addresses or phone numbers of other family members who should be kept in communication about Senior P.F.: Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

CIRCLE PREFERRED PHONE AND EMAIL ADDRESS(ES) ABOVE FOR CONTACTING YOU. Preferred media to receive newsletter (CAN CHECK BOTH): Email ___ Snail mail ___ Website _____

PHOTO RELEASE

First UCC will only publish photos and video that staff deem appropriate in nature; such media will not have the names of youth published with them. First UCC is not responsible for the later attachment of names (“tagging”) of youth’s names to Senior PF-related photos on social media.

I give permission for photos and video taken of my child during Senior P.F. events to be used by First UCC on the website, publications, bulletin boards, and in written materials.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO ATTEND/TREAT: If under 18, must be signed by Parent/Guardian

I hereby give permission for my child to be an active participant in the Senior Pilgrim Fellowship youth group of the First United Church of Christ (Congregational), Milford, CT. I understand that while all precautions will be taken, neither Advisors, Staff, nor The First United Church of Christ (Congregational) can be held responsible for everyday hazards. In case of emergency, I give the Advisors and Staff of Senior Pilgrim Fellowship of The First United Church of Christ (Congregational) permission to seek professional medical care for my child. This includes, but is not limited to, doctor’s examination and treatment, X-Ray, Hospital or Clinic Services, and any other treatment or diagnostic examination including the use of anesthesia. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. **This consent will be effective starting on August 25, 2019, through September 8, 2020.** It is delivered to said persons entrusted with the care, custody and control of said minor child. I understand that any and all medical expenses incurred are my responsibility and that there is not medical insurance coverage provided by First United Church of Christ (Congregational), Milford, CT.

Signature of Parent/Guardian: _____ *Date:* _____

Signature of Parent/Guardian: _____ *Date:* _____

Electronic Devices brought to SrPF will be put into a secure box during the meeting. You ministry is intended to give young people an opportunity to be nurtured in faith and community, set apart from other pressures and anxieties. The prevalence of electronic devices in the box while signing for the meeting, the box will stay on the table until the meeting is over, youth will remove devices from box at the end of the meeting.

Car Permission: By sign above, I also give my child permission to ride with Senior Pilgrim Fellow (SPF) Advisors (or other caring adults I designate) to SPF events/activities, from SPF events/activities, and/or during SPF events/activities. Use lines to indicate additional designees: _____

2020-21 Extension To be signed after September 1, 2020 by a parent/guardian as an update from September 1, 2020 through Sept. 1, 2021: I have reviewed all the information above, and it is still current for 2020-2021.

Name _____ Signature _____ Date _____

[Admin: Date/In _____]