

# Kirk of Kildaire Youth Connection

## Youth Information and Medical Release (2003 - 04)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Youth Email address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent Names and Address \_\_\_\_\_

\_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone/pagers \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group & Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_ SSN \_\_\_\_\_

Allergies \_\_\_\_\_ Meds being taken \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Other information \_\_\_\_\_

I give permission to the above-named youth to join the Middle and High School Youth Program of the Kirk of Kildaire, Presbyterian for activities and trips.

I release the Kirk of Kildaire, Presbyterian, its staff and sponsors, from responsibility and liability for any injury or illness or death that my youth may sustain while participating in church youth activities. In the event of an emergency, I authorize an adult leader, as agent for me, to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital.

I expect to be contacted as soon as possible if there are any problems, medical or behavioral, with my child during this activity. I will notify the CE Youth Elder of any change in the information disclosed above. I know that in confidence I can notify the CE Youth Elder or Advisor in Charge of any concerns I have for my youth.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date