



Youth Family Information

July 2018- July 2019

ONE FORM PER FAMILY

Parent Information

Parent Name (1):

Street Address:

City:

State:

Zip:

Mobile:

Work Phone:

Email:

Parent Name (2):

Street Address: (if different from above)

City:

State:

Zip:

Mobile:

Work Phone:

Email:

Youth Information

Youth Name:

DOB: / /

Grade:

School:

Youth Name:

DOB: / /

Grade:

School:

Youth Name:

DOB: / /

Grade:

School:

Emergency Contact Information (other than parent)

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

To complete this form include a copy of the ***FRONT and BACK of your insurance card here.***

You may email a photo of your card or include a photocopy.

Scan and email to shyla@ccum.net or return
(Attn: Shyla Thomas) to the Guest Services Desk.

You may also mail to the church:

Attn: Shyla Thomas 4614 Brownsboro Rd. Louisville, KY 40207



Youth Information

July 2018- July 2019

STUDENT FORM: PLEASE COMPLETE ONE PER STUDENT

Youth Information

Youth Name: _____ DOB: / / _____ Grade: _____ T-Shirt Size: _____

Youth Mobile: _____ Youth Email: _____

Youth Medical Information

My youth has permission to take (check all that apply)

- Acetaminophen (Tylenol) Ibuprofen (Advil) Antacid (Tums) Diphenhydramine (Benadryl)

List all medications and dosages your youth receives on a regular basis:

Morning: _____

Evening: _____

ALLERGIES

- Food (list) _____
- Bee, ant or wasp stings
- Medication (list) _____
- Other (list) _____

Currently prescribed treatments (provided by family):

- EpiPen Other _____ Date of last tetanus shot (mo/year): _____

DIETARY RESTRICTIONS (such as vegetarian, gluten or peanut free)

Please describe any physical, emotional, or mental health issues experienced by your student that would help the staff of Christ Church Youth Ministries offer the best possible care, safety and discipleship for your youth:
(Information will be kept confidential unless the parent or guardians gives permission for staff to share with volunteers)

Permission and Release

Signature below shall constitute my permission as the parent/guardian of this child to participate in Christ Church United Methodist sponsored events between July 2018 and July 2019. These events may include, but are not limited to, ministry trips, retreats, games and special events. I understand that my youth may be transported by bus, rental van (12-passenger or less), or car driven by staff or approved adult volunteers. I hereby release and hold harmless Christ Church United Methodist, its personnel, leaders and volunteers from any and all liability for any injuries, loss, or other claims arising out of this child's participation in these church sponsored events and activities. My signature below gives consent to any Christ Church United Methodist employee or volunteer to dispense medication as indicated above. This document or a copy thereof gives consent to any Christ Church United Methodist employee or volunteer, in an emergency when I cannot be contacted, to take this child to the nearest appropriate medical facility. The facility and its medical staff have authorization to provide treatment that a physician deems necessary for the well-being of this child.

Photo Release

Christ Church United Methodist may include photos of this youth participating in church activities on its website, newsletters and/or promotional material. NOTE: It is our policy never to use full names with photos of youth.

Parent/Guardian Signature: _____ Date: _____