

First Presbyterian Church of Evanston 2009-2010 Youth Ministry General

Registration/Medical Release Form

This form will be kept on file through June 2010

Please Fill in all Information

I, _____ give my daughter/son permission to participate in activities that will be hosted by First Presbyterian Church of Evanston Youth Ministry. I have also read the Covenant of Conduct below with my child and agree to the terms therein.

Student Name: (Last, First) _____

Address: _____ City: _____ Zip: _____

Grade in Fall _____ School: _____

Parent Info:

Mother/guardian _____ Phone: _____ Email: _____

Father/guardian _____ Phone: _____ Email: _____

During youth ministry meetings, events, retreats or trips that I choose to attend I agree to not participate in the use of drugs, alcohol, or profanity during this event. I agree to be present at all group activities on time and in an orderly fashion. I agree to refrain from any sexual activity or inappropriate displays of affection during this event. I agree to treat all persons, regardless of race, gender, religion and culture, with respect and consideration. I will refrain from the illegal purchase or use of tobacco products. I will respect the facilities we are using and realize should damage occur because of my negligence I am responsible. I will not use electronic game equipment, boom boxes, walkmans, ipods, or other items that may distract me from participation. Any equipment brought will be left in a locked vehicle (or secured room) during the event in question. I will not bring or use any weapons, firearms, pornographic materials, or any other inappropriate items. I will not abuse others including: Physically (strike, spank, shake, or slap), verbally (humiliation, degrade, or threaten), sexually (including inappropriate touching, exposure and comments), and emotionally (harsh sarcasm, name calling, gossiping, etc.). I will portray a positive role model for others by maintaining an attitude of respect, patience, integrity, courtesy, and maturity. I have read the Covenant of Conduct and fully agree with the conditions. I understand that I will be excused from participating in the event in question or sent home at the expense of my parent's if I violate any conditions of this convent. ***There is a 3 strikes and out policy which is adopted from Matt.18: 15-17. [1st Offense (verbal warning) 2nd Offense (parents are called) 3rd Offense (student will be asked to leave the meeting)]***

In signing this form, I agree to give full permission to FPCE to reproduce, post (web), and display all pictures of church and youth ministry events that may include my child

Student Signature: _____ Date: __/__/__

Parent Signature: _____ Date: __/__/__

Jason Burton, Interim Director of Youth Ministry
First Presbyterian Church of Evanston
1427 Chicago Ave., Evanston, IL. 60201
(847) 864-1472 x220
jburton@firstpresevanston.org

PYGs Website- www.epygs.com
NUBs Website- www.enubs.com

**Junior and Senior High Health Information
and Release Form
First Presbyterian Church of Evanston**

Student's Name _____

Address _____

Date of Birth _____

Home Phone _____

Student E-mail _____

Father's Name/Guardian's Name _____

Mother's Name/Guardian's Name _____

Guardian's E-mail _____

Other Phone Numbers

Please specify the person that can be reached at each number.

Work Phone _____

Cell Phone _____

Other Phone/Fax _____

Health History

Does the student have any chronic or recurring illnesses? Please list.

Allergies: _____

Medication taken on a regular basis (List & give directions): _____

Are there any specific activities that should be restricted? _____

Date of most recent Tetanus Booster: _____

Before any trip, please let us know if you have been exposed to any communicable diseases during the three weeks prior to a Youth Ministries trip.

History

Give appropriate dates where applicable:

Ear Infections _____ Rheumatic Fever _____

Convulsions _____ Diabetes _____

Insect Stings _____ Penicillin Reaction _____

Hay Fever _____ Ivy Poisoning, Etc. _____

Asthma _____ Chicken Pox _____

Behavior _____ Other Drug Reactions _____

Emergency Contact Numbers

Contact Person #1

Relationship to Student _____

Phone Numbers _____

Contact Person #2

Relationship to Student _____

Phone Numbers _____

Medical Release Agreement

I hereby give permission to First Presbyterian Church Youth Staff to provide routine, non-surgical medical care for my child as named in this form. This applies to any church-sponsored activity my child attends on or off the First Presbyterian Church of Evanston's premises. In the event I cannot be reached in an emergency, I hereby give permission to the nurse or physician selected by the youth staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named in this form except as noted below:

Exceptions:

Signature of Parent or Guardian

Date _____

Physician's Information

Family _____

Physician _____

Physician's Phone Number _____

Dentist _____

Dentist's Phone _____

Specialist (Please specify) _____

Specialist's Phone _____

Insurance Information

Medical/Hospital Insurance Carrier _____

Claims Address _____

Policy or Group Number _____

Insured's (or policy holder's name) _____

Insured's Policy # (usually policy holder's SS#) _____

Claims Phone Number _____

Other Important Info: