First Church of Christ, Old North
2017-2018 Youth Group Registration – Media Release – Medical Release Form

PLEASE COMPLETE BOTH SIDES OF FORM

<u>REGISTRATION</u>

Parent or Guardian Name(s) _____

Home Address _____Home phone:_____
                   Street   City   Zip

Parent 1Cell Phone_____ Parent 2 Cell phone _____

Parent 1 Email address _____ Parent 2 Email address_____

Youth's Name _____ Date of Birth _____

Youth's email address_____Youth's cell phone _____

Age as of September 1_____ Grade as of September_____

<u>MEDIA RELEASE:</u> I give permission for photos/writings of my child to appear in promotional materials and news articles for First Church of Christ in Marblehead (Old North Church), UCC according to my preferences below. I acknowledge that my child's work and/or photo may be posted within the church buildings or included in church mailings unless I provide a written request to the contrary.

The First Church of Christ in Marblehead (Old North Church), UCC has my permission to use my child's photos/writings for (check all that apply)

- ☐ Newspaper articles (circle) with / without name attached.
- ☐ Church website/ Facebook Page (no individual names will appear in picture captions)
- ☐ Online articles written for or used by the Massachusetts Conference of the United Church of Christ website (no individual names will appear in the picture caption)
- ☐ Signage posted on property other than Old North Church (i.e. flyer for a church event posted in a store window).

_____   _____
Signature of parent or guardian   Date

PLEASE COMPLETE AND SIGN <u>MEDICAL RELEASE</u> ON REVERSE

PLEASE COMPLETE BOTH SIDES OF FORM

MEDICAL RELEASE

Youth's physician _____ Phone _____

Emergency contact _____ Phone_____

Youth's insurance carrier _____ Subscriber's name_____

Policy number/ID number _____Other information:_____

Insurance company customer service phone #_____

Health history (please check all that apply):

_____ Frequent colds	_____ Seizure disorder	_____ Physical impairment
_____ Appliances (retainer, contact lenses, etc.)	_____ Stomach aches	_____ Diabetes
	_____ Mental impairment	_____ Asthma
_____ Sleep disturbances	_____ Vision/hearing	_____ Motion sickness
_____ Emotional disability	impairment	_____ Behavioral problems

Allergies (describe) _____Other (describe) _____

Give important details of items that are checked: _____

_____

Date of last tetanus shot _____ Is your son/daughter taking a prescription or non-prescription

medication? _____Yes _____No If yes, complete the following:

Medication_____ Dosage and frequency _____

Medication_____ Dosage and frequency _____

Medication_____ Dosage and frequency _____

Can your son/daughter be expected to take the right amount of medication at the proper time?

_____Yes _____No (If the answer is no, then arrangements must be made with the adult in charge.)

_____ I give my child permission to administer his/her own medications.

All medications, both prescription and non-prescription, MUST be in the original container and properly labeled. This applies even if your son/daughter has permission to self-administer his/her medications.

_____   _____
Signature of parent/guardian   **Date**

Statement of Consent:: I, the undersigned, parent/legal guardian of _____ do hereby consent to any X-ray exam, anesthetic, medical diagnosis, or treatment and hospital services that may be rendered to my son/daughter, under the general or specific instructions of the on-call physician at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment, and it is given to encourage those persons who have temporary custody of my child in my absence, and said physician, to exercise their best judgment as to the requirements of such diagnosis or said medical treatment.

I understand that any and all medical expenses incurred are my responsibility and that there is not medical insurance coverage provided by Old North Church, Marblehead, MA.

This consent will remain in effect for the church school year (September to September) unless otherwise specified.

_____   _____
Signature of parent/guardian   **Date**