

# FUPCDC Student Ministries Health and Permission Form

First United Presbyterian Church, 14391 Minnieville Road., Woodbridge, VA 22193

Phone: (703) 670-7834

Name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (M.I.)

Grade: 5 6 7 8 9 10 11 12 College Adult

Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

OTHER ALLERGIES: \_\_\_\_\_

## Parent or Guardian's Information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) Work: (\_\_\_\_) \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

## Parent or Guardian's Information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) Work: (\_\_\_\_) \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

**Permission to Treat:**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (name of youth), authorize the adult leaders of First United Presbyterian Church (Dale City, VA) Student Ministries to act as my agent to consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where the services are rendered, either at the doctor’s office, clinic, or hospital. I understand that every attempt will be made to contact the parent or guardian in the event of emergency. I therefore assume all responsibility for the decisions so made and the emergency care or treatments so secured for my child. I further release First United Presbyterian Church, its staff, adult advisors, and any other leaders from responsibility and liability for any injury or illness that my child may sustain during the youth group events or transportation involving the activities. This document will be valid for two years from the date signed.

\_\_\_\_\_  
Parent or Guardian’s Name (Please Print)      Parent or Guardian’s Signature      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Participant

**Photo Release:** By signing this permission form, you agree that any photographs and/or video taken of your child at or during youth events are the property of First United Presbyterian Church (Dale City, VA) and may be used in future publications (print and electronic) as deemed appropriate.

**Health and Medical: (Confidential)**

**Participant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD!**

**Health Insurance Carrier:** \_\_\_\_\_

**Group:** \_\_\_\_\_ **Identification Number:** \_\_\_\_\_

May the staff/adult advisors administer to your youth: Tylenol [Acetaminophen] (yes/no), Advil [Ibuprofen] (yes/no), eye ointments (yes/no), antihistamine or decongestant (yes/no), motion sickness medication (yes/no), laxative or anti-diarrhea medication (yes/no), antibacterial or antibiotic ointment (yes/no), insect bite or poison oak/ivy ointment (yes/no), Tums/Roloids [calcium carbonate] (yes/no), Burn ointment or spray (yes/no). **[Note: We will not administer aspirin.]**

**Specific directions:** \_\_\_\_\_

**Does your youth have any medical condition(s) (medications, etc.) that we should be aware of?** Yes No  
{If so, please explain on a separate sheet and attach it to this form.}

**Date of last physical:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of last tetanus shot:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Swimming Ability:** Non-swimmer    Beginner/Weak    Intermediate/Average    Advanced/Swim Team    Lifeguard

**If parents can’t be reached in an emergency, please contact:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Relation to Youth:** \_\_\_\_\_