

Effective dates: **May 2016 to May 2017**

Please Print in Ink:

Name: _____ Age: _____ Birthday: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Insurance Company: _____ Policy/ Group: _____

Emergency Contact: _____ Cell Phone: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

****Please attach a copy of your Insurance card to this form****

Medical History

If necessary, describe in detail the nature and severity of any physical and/ or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject to, and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosage that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your safety and our knowledge, are you a-
 Good swimmer fair swimmer non-swimmer
2. Do you have allergies to-
 Pollens medication food insect bites

Please List Allergies: _____

3. Do you carry an EpiPen for your allergies? Yes or No

4. Do you suffer from, has ever experienced, or is being treated currently for any of the following:
 ___ Asthma ___ Epilepsy/ Seizure disorder ___ heart trouble ___ Diabetes
 ___ frequently upset stomach ___ Physical handicap
5. Do you wear ___ glasses ___ contacts
6. Do you take any medication on a regular basis? If so what: _____

7. Please list and explain any major illnesses that you have experienced during the last year:

Covenant/ Permission Form

I have willingly chosen to participate in the McYouth, as a Chaperone. I will work towards the goals of the McYouth and building our group into a Christian Community by...

- Participating whole-heartedly and enthusiastically in all activities planned for our group.
- Speaking up when I have a problem, need or concern
- Listen/ Responding to the needs of others
- Following the guidance of the other Program Leadership and Staff
- Respecting others property or right (This includes but is not limited to the church, bus or where the event is being held)
- NOT using or being in possession of controlled substance (alcohol, tobacco, or illegal drugs)
- No fighting, weapons, fireworks, lighters, or explosives
- Encourage other to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those whom we are in contact.

I, _____ (the Chaperone) have read the covenant, the evaluation of my health, and permission to participate in McYouth activities. I agree to abide by the stated personal limitations and the covenant.

Chaperones Signature: _____ Date: _____