

NOTE: Please fill one of these out UNLESS you have already filled one out for 2018-2019 in which case we will have one on file for your teen.



# NORTH BOULEVARD YOUTH MINISTRY

## Medical Authorization For: Youth Group Events 2018-2019

NAME (print clearly) \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-SHIRT SZ \_\_\_\_\_ SWEATSHIRT SZ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Male / Female \_\_\_\_\_ GRADE \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ TEEN CELL # \_\_\_\_\_  
E-Mail Address (print CLEARLY): \_\_\_\_\_

I (We) do hereby release and discharge the North Boulevard Church of Christ, David Skidmore, all other attending adults, and authorized representatives and staff from liabilities for any personal injury or damage to property that may occur on the premises or as a result of activities. Also, I authorize emergency medical treatment if needed and release the North Boulevard Church of Christ authorized representatives and staff from any liability connected with medical treatment.

I understand that if my child's behavior is deemed unacceptable by the staff I will be called and be responsible for coming and taking my child home. I also acknowledge that by signing, I give permission for any pictures with my child to be used on the nbyg website.  
(please sign bottom of page)

If visiting, I am a guest of: \_\_\_\_\_

E-Mail Address (print very clearly): \_\_\_\_\_

### Emergency Contacts

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Cell #/Pager: \_\_\_\_\_ Cell #/Pager: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Medical Data

Child's physician's name: \_\_\_\_\_

Phone#: \_\_\_\_\_ City, State: \_\_\_\_\_

Please list any known medical conditions, allergies, *and medications currently being taken*: \_\_\_\_\_

*My child is insured under the following primary health care plan:*

Insurance Company: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Insurance Group number/name: \_\_\_\_\_

Subscriber number/name \_\_\_\_\_

Signature of Parent(s) or Guardian \_\_\_\_\_

Print Names of Parents here \_\_\_\_\_