

NORTH BOULEVARD YOUTH MINISTRY

Medical Authorization For: Youth Group Events 2019-2020



NAME _____

(print clearly)

Date of Birth _____ T-SHIRT SZ _____

SWEATSHIRT SZ _____

ADDRESS _____

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 #: _____

Cell #: _____

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