First Church of Christ, Old North 2019-2020 Youth Group Registration – Media Release – Medical Release Form

PLEASE COMPLETE BOTH SIDES OF FORM

REGISTRATION Parent or Guardian Name(s) ___Home phone:____ Home Address Citv 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_____ **MEDIA RELEASE:** 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

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MEDICAL RELEASE		
Youth's physician		Phone
Emergency contact		Phone
Youth's insurance carrier Subscriber's name		
Policy number/ID number	olicy number/ID numberOther information:	
Insurance company customer ser	vice phone #	
Health history (please check all the	nat apply):	
Frequent colds	Seizure disorder	Physical impairment
Appliances (retainer,	Stomach aches	Diabetes
contact lenses, etc.)	Mental impairment	Asthma
Sleep disturbances	Vision/hearing	Motion sickness
Emotional disability	impairment	Behavioral problems
Allergies (describe)	-	·)
Give important details of items that	at are checked:	
Date of last tetanus shot	Is your son/daughter taking a	prescription or non-prescription
medication?YesNo	If yes, complete the following:	
Medication Dosage and frequency		
Medication	Dosage and frequency	
Medication	Dosage and frequency	
Can your son/daughter be expected	ed to take the right amount of med	dication at the proper time?
YesNo (If the answ	er is no, then arrangements must be	made with the adult in charge.)
I give my child permission to	administer his/her own medications	s.
All medications, both prescription an This applies even if your son/daught		original container and properly labeled. his/her medications.
Signature of parent/guardian		Date
•	ospital services that may be rendered to my son/d derstood that this consent is given in advance of a stody of my child in my absence, and said physici	do hereby consent to any X-ray exam, aughter, under the general or specific instructions of any specific diagnosis or treatment, and it is given to an, to exercise their best judgment as to the
I understand that any and all medical expenses in Church, Marblehead, MA.	curred are my responsibility and that there is not r	nedical insurance coverage provided by Old North
This consent will remain in effect for the church so	hool year (September to September) unless othe	rwise specified.
Signature of parent/guardian		Date