

# Student Health Information and Annual Permission Form

## Moorings Presbyterian Church of Naples

791 Harbour Drive, Naples, FL 34103

Valid from August 1, 2016 to July 31, 2017

Note: A copy of this form must be on file for a Youth to participate in off campus activities

### Youth Information:

Youth full/legal name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_ T-Shirt Size S, M, L, XL, XXL

Youth Cell Phone: \_\_\_\_\_ Youth Email: \_\_\_\_\_

Gender: Male/Female DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school for 2016-17 School Year: \_\_\_\_\_

Activities: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

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### Family Info:

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

M-Email: \_\_\_\_\_ F-Email: \_\_\_\_\_

M-Cell: \_\_\_\_\_ F-Cell: \_\_\_\_\_

M-Work phone: \_\_\_\_\_ F-Work phone: \_\_\_\_\_

Primary home phone: \_\_\_\_\_ Does Youth live with both parents \_\_\_ mom \_\_\_ dad \_\_\_

Any special instructions/restrictions regarding who may pick up your child/youth after functions: \_\_\_\_\_

### Emergency Contact info:

In the event a parent cannot be reached at any of the above numbers, please provide two emergency contacts. List name, relationship and number.

1. \_\_\_\_\_

2. \_\_\_\_\_

## Youth Health Information:

If youth does not have medical insurance, check here \_\_\_\_\_

If youth is insured, complete the appropriate blanks below:

Name of Insured: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle any and all condition(s) relevant to your child/youth, then on the lines below offer any necessary explanation (attach additional pages if needed):

A.D.D. / A.D.H.D	Medication Allergies	Chronic illness or ongoing medical condition
Asthma	Food Allergies	Under care of Mental Health Professional
Bedwetting	Diabetes	Operations or serious illness
Fainting	Eating Disorder	Skin Problems (acne, rash, other)
Seizures	Heart Problems	Taking Medication (ongoing only-list meds)
Sleep Walking	Back Problems	Any special condition that limits physical activity
Other	joint problems	Recent broken Bones or frequent broken bones.

List: \_\_\_\_\_

## Liability Release and Hold Harmless:

We (I), in consideration for our child/youth attending The Moorings Presbyterian Church of Naples Children, Youth and Family Ministry activities and being under age of 18, do hereby release, forever discharge and agree to hold harmless The Moorings Presbyterian Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/youth-participant that occur while said child/youth is participating in The Moorings Presbyterian Church Children, Youth and Family Ministry trips, mission trips and related activities.

Furthermore, we (I) [ and on behalf of our (my) child/youth participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this child/youth.

The undersigned further agree to hold harmless and indemnify said church, its directors, officers, employees and agents, for any liability sustained by said church as a result of negligent, willful or intentional acts of said child/youth, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this child/youth and hereby grant our (my) permission for her (him) to participate fully in The Moorings Presbyterian Church Children/Youth and Family Ministry activities, and hereby give our (my) permission to take said child/youth to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the child/youth to return home due to medical reason, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

Further, we (I) agree to allow The Moorings Presbyterian Church to use any photographs or video of my child/youth for the purpose of The Moorings Presbyterian Church publicity.

Both parents must sign. If divorced or separated, custodial parent or legal guardian must sign. This form is valid for a period covering August 1, 2016 through July 31, 2017.

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Signature if 18:** \_\_\_\_\_ **Date:** \_\_\_\_\_