

PERMIT & HEALTH FORM

2016-17 Program Year—MCC Jr. Pilgrim Fellowship (PF)



Monroe Congregational Church, UCC (MCC)

34 Church Street Monroe, CT 06468 (203) 268-9327

This paper grants permission for your child to participate in MCC's Jr. PF, travel with MCC's Jr. PF on any trips away from the church property, in a 20 mile radius, with Debi Mastroni-Kenyon, Paul Adams, David Rooney, and Cady Gingras and allows adult advisors to seek emergency care for them (you will be contacted first or as soon as feasibly possible). If you have any questions about this form, or MCC's Jr. PF, please call Debi. She'll be happy to help.

GENERAL INFORMATION

Name: _____

Last First MI

Home Address: _____

Street Address City State Zip Code

Birth Date: _____ Gender: *Male* _____ *Female* _____

School: _____ Grade: _____

Parent/Gaurdian: _____ Home Ph#: (____) _____

Work Ph#: (____) _____ Cellular ph#: (____) _____

If not available in an Emergency, notify:

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Home Address: _____

Street Address City State Zip Code

DOCTOR: _____ Phone: (____) _____

INSURANCE INFORMATION

Youth's Insurance Company: _____ Policy Number: _____

Name of Primary Insured _____ Primary Insured SS# (optional) _____

HEALTH HISTORY

(Please Check All That Apply)

Frequent Colds Seizure Disorder Physical Disability Appliances (retainers,

Stomach Upsets Diabetes Mental Disability contact lenses, etc.)

Asthma Vision/Hearing Emotional/Behavior Sleep Disturbances

Motion Sickness Impairment Disability

Other: _____

If any of the above is checked, please give important details: _____

Restrictions with Descriptions (dietary, physical, other): _____

Date of last: Tetanus Shot _____ Polio _____ Measles _____

ALLERGIES to Medications, Foods, or Other (insect sting/bite, seasonal-mold/pollen, Asthma, Hay Fever, other).
{Please Include Reaction} _____

Medication(s) being taken (list all meds being taken, prescription and non-prescription; and reason for taking medications; Dosage and Frequency): _____

[The following refers to activities that would include day trips, lock-ins, retreats, or any activity that could necessitate medication use]

Can your child be expected to take the right amount of medication at the proper time? ___Yes ___No
(If the answer is no, arrangements must be made with an Advisor)

***I give my child permission to administer his/her own medications _____
Signature of Parent/Guardian

[If your child is going to self administer any medication, PLEASE notify an advisor so we are aware]

Other Pertinent Information _____

PERMISSION TO ATTEND / TREAT - Must Be Signed By A Parent/Guardian

I hereby give permission for my child to be an active participant in the Jr. Pilgrim Fellowship of Monroe Congregational Church, UCC, Monroe, CT. I understand that while all precautions will be taken, neither Advisors, Staff, nor Monroe Congregational Church, UCC can be held responsible for everyday hazards. In case of emergency, I give permission to the Youth Group Advisors or staff of Monroe Congregational Church, UCC to seek professional medical care for my child. This includes, but is not limited to, doctor’s examination and treatment, X-Ray, Hospital or Clinic Services, and any other treatment or diagnostic examination including the use of anesthesia. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. **This consent will be effective starting on September 11, 2016, through August 31, 2017.** It is delivered to said persons entrusted with the care, custody and control of said minor child. I understand that any and all medical expenses incurred are my responsibility and that there is not medical insurance coverage provided by Monroe Congregational Church, UCC, Monroe, CT. I hereby give Monroe Congregational Church, UCC permission to use my child(ren)’s name and photographic likeness in all forms and media for advertising, trade, and other lawful purposes.

Signature of Parent/Gaurdian: _____ *Date:* _____