## Youth Medical Information and Release Form Northview Bible Church Youth Group

Name of Youth			
Grade School Year	Date of Birth		
Address			
City State	Zip Code		
Home Phone			
Mother's (or legal guardian) Name			
Cell Phone	_ Home Phone		
Father's (or legal guardian) Name			
Cell Phone	_ Home Phone		
Other Emergency Contact Name:			
Phone:	Relationship:		
Family Doctor	Phone		
Family Dentist	Phone		
Health Insurance Company Covering Youth			
Phone Group or Policy Number			
Personal Medical Information			
Known Allergies			
Medical History			
Current Medications			
Dietary Restrictions			
Physical Restrictions			
In the event that I am unable to be reached at the numbers above, I hereby authorize emergency medical treatment, surgery or dental care to be given to my son/daughter, listed above as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.			
Parent (or legal guardian) Signature	 Date		

Permission	<b>Agreement</b>
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I give permission for my youth, the planned activities of the You years of 2018-2019. I understance the safety and welfare of adults will be chaperoning youth deem necessary to protect the bedocument, my youth agrees to compare that private transportation read and understand the conditional my youth to participate in the Notestance.	oth Ministry of Northvi and that reasonable play f all participants. I also a activities and will tal- pest interests of all participates by decisions made to an will be used when to tions described above	ans have been made to so understand that volunteer ke reasonable action as they articipants. In signing this left in a safe and orderly by the adult leaders. I am ravel is necessary. I have e, and I give permission for		
Parent (or legal guardian) Si	gnature	Date		
Covenant				
I,		ore, for my own safety, the		
1. I will not use drugs, alcohol o	r tobacco in any form	l.		
<ol><li>I will treat other people's property with respect and cause no form of vandalism or destruction to any private or church property.</li></ol>				
3. I will treat other members of the youth group with respect.				
4. I will cause no emotional or physical injury to myself or others.				
5. I will not participate in inappropriate forms of PDA (public displays of affection).				
6. I am responsible for my actions and will act in a Christian manner.				
In addition to these guidelines, I the group by participating in acti and care for my peers as sisters adhere to all the instructions by	ivities, and I will responsions and brothers in Chri	ect the opinions of others		
Youth Name	Youth Signature	Date		