SIGNS Youth Group at David's UCC Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ School/Grade _____

E-Mail Address _____

Birth Date _____

Emergency Contact Person _____

Phone _____ Relationship _____

Permission to Transport

SINGS Youth Group has been granted to transport _____ to and from SIGNS Youth Group activities. I understand that neither David's UCC nor any of it's paid, or volunteer workers can be held responsible in the event of accident or accidental death.

Signature of Legal Guardian _____ Date _____

Photo Release

☐ I give permission for my child to be photographed for in-house use.

☐ I give my permission for my child to be photographed or videotaped for social media, newspaper, television, or any other form of media.

☐ I do not want my child photographed.

Signature of Legal Guardian _____ Date _____

Emergency Transport

I give permission for SIGNS Youth Group to transport _____ to a hospital, clinic, or dentist for medical care or for emergency dental care or to the nearest available source of assistance.

Signature of Legal Guardian _____ Date _____

Health Information

Name of Physician _____

Street Address _____

City _____ State _____ Phone Number _____

Name of Dentist _____

Street Address _____

City _____ State _____ Phone Number _____

Allergies:

Medications, ford supplements, modified diet currently being administered:

Chronic Physical Problems:

History of Hospitalization:

History of diseases the child has had:

Any Additional health or enrollment information you feel we should know about:

Parent/Guardian Request for Administration of Medication

Permission to administer mediation/lotion and specific foods. Check all that apply:

☐ My child does not require prescription medication.

☐ Prescription Medication

☐ Non-prescription Medication

☐ Refrigeration required.

☐ Topical product or lotion

☐ Sun Block

☐ Bug Repellant

☐ Food supplement

☐ Modified diet

Name of medication: _____

Exact dosage: _____

To be administered at the following times _____

For the following period of time _____

Signature of Legal Guardian _____ Date _____

Physical Examination is the responsibility of the parent or guardian.

I hereby certify that my child is in normal health and capable of safe participation in the SIGNS Youth Group. I assume all risk and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize SIGNS Youth Group to obtain medical treatment for my child in the event that parent(s) and emergency contact cannot be reached.

Signature of Legal Guardian _____ Date _____