



The Anglican Youth and Young Adult Department

SPORTS & FUNDAY

Health Form

To be completed and signed by parent or guardian.

Participant's Full Name: _____ Date of Birth: _____
DD/MM/YYYY

Parent's Full Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Physician: _____ Physicians Phone: _____

Does your youth currently take prescription or non-prescription medication on a regular basis? Yes No

If yes, please list them along with the times to be administered

Will your youth have medication that requires refrigeration: Yes No

"I give my permission to the in-house nurse to administer the following medication to my youth for the following complaints."

For Headache, muscle ache, or sports injury:

Aspirin: Yes No

Ibuprofen Yes No

For Upset Stomach:

Antacid (Maalox) Yes No

For severe allergic reaction (swelling, itching, hives)

Benadryl: Yes No

Tetanus Immunization Date: _____

Does Your Youth have:

Allergies Yes No

Please Specify: _____

Asthma: Yes No

Diabetes: Yes No

Other: _____

Other information that will be helpful to the in-house nurse while your youth is at the event:

Additional Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain: _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

• Asthma • Hay Fever • Kidney Disease • Diabetes • Heart Murmur • Seizure • Disorders

• Other, please explain: _____

Does your youth ever sleepwalk? • Yes • No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in any physical activity? • Yes • No

If yes, please explain: _____

Family Doctor: Doctor's Telephone:

Insurance Co.: _____ Policy No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Fun In the Son (Jesus Christ) II which include the Anglican Youth and Young Adult Ministry in the Anglican Church of Trinidad and Tobago (AY&YAM) Sports & Fun Day 2017 and the Tobago Regional Anglican Youth Service, and any other supervised activities customarily associated with the Youth Department, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: _____, _____, another adult chaperone designated by the priest, and _____ . (Note to Parent: you may add or delete a name as desired.)

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that all names listed above will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth’s participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Medical Authorization

Hereby authorize any representative of The Anglican Youth Department to obtain any emergency medical treatment for my youth that may be needed.

Public Liability Insurance

Please note that the Church has Public Liability Insurance for all Diocesan Events.

Youth Pledge

I hereby pledge to uphold all policies of the Anglican Youth and Young Adult Ministry in the Anglican Church of Trinidad and Tobago. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Youth

Date

Terms of Agreement

I, _____, hereby pledge to uphold all policies of the Anglican Youth and Young Adult Department of Trinidad and Tobago. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions. I read and agree to the terms above including the *General Release, Consent and Certification* and *Medical Authorization* statements. I also verify that the information that I provided above is truthful and valid.

Parent/Guardian’s Signature

Date