

Clemmons: One Youth / Confirmation

2023-2024 Youth Profile and Medical Release Form



YOUTH PROFILE

Youth Full Name: _____

Birthday: ____ / ____ / ____

Grade: _____ School Name: _____

T-shirt size: _____

Youth Cell Phone: (____) _____ Allow Texting: Yes No

Youth Email Address: _____

Address: _____
Street City State Zip

PARENT/CUSTODIAN INFORMATION

Parent(s)/Custodial Adult(s)' Names(s):

Parent/Custodian 1 Parent/Custodian 2

Work Phone(s): (____) _____ / (____) _____
Parent/Custodian 1 Parent/Custodian 2

Cell Phones(s): (____) _____ / (____) _____
Parent/Custodian 1 Parent/Custodian 2

Email Address: _____ / _____
Parent/Custodian 1 Parent/Custodian 2

Address (if different from youth):

Street City State Zip

EMERGENCY CONTACTS

CONTACT 1

Name: _____

Relationship: _____

Phone: (____) _____

CONTACT 2

Name: _____

Relationship: _____

Phone: (____) _____

HEALTH INFORMATION

Insurance Company: _____

Insurance Group/Policy #: _____

Policy Holder Name: _____

Policy Holder Identification #: _____

Family Physician: _____ Phone: _____

Date of Last Tetanus Shot: _____

**Please attach a copy of your youth's insurance card – front and back – with this form.
This form is valid until September 2023.**

ALLERGIES, DIETARY RESTRICTIONS, MEDICAL CONCERNS OF WHICH CLEMMONS:ONE YOUTH LEADERS SHOULD BE AWARE:

Food: _____ Drug: _____

Animal: _____ Other: _____

Special Dietary Needs:

Health limitations/concerns of which we should be aware:

Does your youth require any medication? Yes No

If yes, name of medicine and dosage information:

Are there any medications your youth **cannot** take?

My child has permission to be given Tylenol or Ibuprofen if they request it: Yes No

Additional concerns or circumstances that we should be aware of:

MEDICAL RELEASE

I, _____ give permission for _____ to participate in all activities, trips and events with the Clemmons United Methodist Church (Clemmons:One & Confirmation) from August 27, 2023 through August 26, 2024. In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Clemmons United Methodist Church, every reasonable effort will be made to contact the persons listed on page 1 of this form. If unsuccessful in contacting the persons listed, consent/permission is authorized for medical treatment by medical personnel. In an emergency situation, consent/permission is authorized for medical treatment to be administered by medical personnel without contacting me or the other emergency contacts.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying Clemmons:One adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, on behalf of myself, my child and for myself and all other persons, hereby release and hold harmless Clemmons United Methodist Church and its adult leaders for any injury, illness, death or other accident that may occur while participating with the Clemmons:One youth program. I understand that activities, trips and events may involve travel as well as involvement in physical activities of which both tasks are potentially dangerous. I understand that Clemmons United Methodist Church does not carry medical insurance on people participating in Clemmons United Methodist Church or Clemmons:One Youth activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

Parent/Custodian Signature – if youth is a minor

Date

Participant Signature – I certify I am 18 years or older

Date

MEDIA RELEASE

I/we give permission for images or video of my child to be used on Clemmons United Methodist Church and Clemmons:One website, social media, and other church publications as well as outside publications such as newspapers and social media pages for organizations Clemmons:One has partnered with.

Parent/Custodian Signature – if youth is a minor

Date

Participant Signature – I certify I am 18 years or older

Date

ADDITIONAL INFORMATION:

Please describe your youth's personality:

Is there any information regarding family make-up, history, current difficulties that would be beneficial for me to know?

Does your youth work at a place of business? If so, where and what position?

Does your youth play any sports or participate in extracurricular activities? If so, please list what sport/extracurricular and with what program (i.e. West Forsyth, RISE, Fusion).

Please list at least one activity or service project you believe would be fun and meaningful for our Clemmons:One youth to do: