



## Additional Information

Year in school: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager / cell: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:

good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to:

pollens  medications  food  insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma  epilepsy / seizure disorder  heart trouble  diabetes  
 frequently upset stomach  physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear:  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

## Student's Commitment

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

*Students who fail to comply with these expectations may be sent home at their parents' expense.*

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_