

Date: _____

Youth/Parent Information Sheet

General Information

Name of Youth: _____ Youth Phone Number: _____

Date of Birth: _____ Grade: _____ School: _____

Youth t-shirt Size: YS YM YL YXL Adult _____

Name of Parent/Guardian: _____ Phone Number: _____

Name of Parent/Guardian: _____ Phone Number: _____

Parent/Family email: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact _____ Relationship _____

Emergency Contact's phone number: _____

How do you prefer to receive information from the Director of Youth Ministry (check all that apply)?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Church publications - Nutshell, Oakleaf, bulletins, or church website | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Email | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Remind app | <input type="checkbox"/> Facebook |
| | <input type="checkbox"/> Other: _____ |

I want my child to receive direct updates regarding Youth Ministry on his/her cellular phone via text and/or social media to keep my child/children directly informed:

- Yes
 No

Are you being called by God to one of the following teams?

- Parent Support Team (assisting with dinners, chaperone & photographer for events, & other duties)
 Adult Youth Leaders - *formerly Youth Advisors* - (small group leaders on Sundays, role model for youth, set-up & breakdown for events)
 Middle School Sunday School Teacher (lead/assist the Sunday School program for MS students)
 High School Sunday School Teacher (lead/assist the Sunday School program for HS students)

Please fill in the rest of this sentence:

I am proud of OAPC's youth ministry because _____

We LOVE going to watch OAPC youth participate in their extracurricular activities. Please give us their schedule, so we can come support them!

My youth participates in _____ (soccer, baseball, theater, dance, etc)

- I have attached their schedule.
 I will get you their schedule once it is available.
 You can find their schedule here (website or other place it is posted):
- _____

Photo Release

I, _____, the parent or legal guardian of the child named above, grant Oakland Avenue Presbyterian Church my permission to use photographs for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, and web content.

(over)

Date: _____

OAPC Youth Form: Parental Consent, Certification, and Medical Authorization

Consent and Certification

I, _____, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child _____ (child's name) in Oakland Avenue Presbyterian Church Youth Activities and Trips. I certify that my child is physically fit and adequately trained to participate in such events (except as noted below).

Medical Questionnaire

If yes, see explanation section below

- Yes _____ No _____ Is your child presently being treated for an injury, sickness, or taking any form of medication for any reason?
- Yes _____ No _____ Is your child allergic to any type of medication?
- Yes _____ No _____ Does your child have any allergies other than medications?
- Yes _____ No _____ Does your child require a special diet?
- Yes _____ No _____ Does your child ever sleepwalk?
- Yes _____ No _____ Does your child have any physical handicap or illness which would prevent them from participating in normal rigorous activities?

Does your child have (or has ever had) any of the following: (circle and please explain below.)

Seizure Disorders Asthma Heart Murmur Diabetes Kidney Disease

Other information we should know about your child: _____

Explanation Section: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and providing necessary medical services in the event my child is injured or becomes ill. I understand that Oakland Avenue Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify Oakland Avenue Presbyterian Church in the event of any health changes which would restrict my child's participation in any activities of the youth ministry. I also understand that the adult youth leaders reserve the right to restrict my child from participating in any activity that they do not feel is within the physical capabilities of my child.

I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my youth.

Family Physician: _____ Phone: _____

Signature of Parent/Guardian _____ Date: _____

Medical Insurance Information

Name of Insurance Company: _____

Name of Insured: _____

Policy Number: _____