

Broad Street Ministry Youth Initiative
Bring two copies of this form (front and back) for each youth participant
YOUTH Medical History & Release Form

Name _____ Male/Female _____ Grade _____

Email Address: _____

Date of birth _____ Home Phone () _____

Home Address _____

Mother's Name _____ Work Phone () _____

Father's Name _____ Work Phone () _____

Father/Mother's Employer _____

Health Insurance Co. _____ Policy No. _____

Family Physician _____ Phone() _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken? (Yes/No)

If parents can't be reached in an emergency, please contact:

Name _____

Home phone () _____ Work Phone () _____

The following information is required to ensure that your youth's individual needs are met while attending Broad Street Ministry. Information is confidential and will be made available only to staff, adult counselors, and medical professionals, i.e., those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For their safety and well-being, no child will be allowed to attend without a completed and signed Consent/Medical Authorization.

Church Name _____

Date of youth's last tetanus shot _____

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, diabetes, fainting, depression, eating disorders, asthma, etc.)

Please be specific so that we can provide the best care for your child: _____

Continued on next page...

Is your youth allergic to any food, medication or insect bites? (Yes/No) If yes, please list particular allergy and probable reaction: _____

Is your youth currently taking any medication? Yes _____ No _____

If yes, please list all medications that your child will be bringing including complete instructions for administering: _____

Unless absolutely necessary, do not change your youth's prescription before their BSM week. Since we don't know what normal behavior is for your child, we will be less likely than you to detect negative reactions to medication changes.

May the staff/adult counselor administer to your youth: aspirin (yes/no), aspirin substitutes (yes/no), eye ointments (yes/no), antihistamine or decongestant (yes/no), motion sickness medication (yes/no), laxative or anti-diarrhea medication (yes/no), antibacterial or antibiotic ointment (yes/no), insect bite or poison oak ointment (yes/no).

Specific directions: _____

Note: If your child requires special care or diet, please contact us as soon as possible prior to arrival so that necessary arrangements can be made. Our cooks most likely will have done all their shopping before the participants arrive. We are always prepared for vegetarian diets.

Your signature here confirms that the information on these two pages is complete and correct as far as you know, and that you are giving permission to staff and adult counselors as noted.

Parent/Guardian's signature

Date

Medical Release and Permission Paragraph

(Youth's name) _____ has my permission to attend Broad Street Ministry Youth Initiative. I understand that the program involves manual work and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. In case of a medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.

I have read and understand the foregoing paragraph.

Parent/Guardian's signature

Date

Church Liaison: Bring one signed copy of this with you to BSM for each participant.

Agreement Form

I agree to indemnify and hold harmless Broad Street Ministry, its officers, agents, volunteers and employees from any and all claims, damages, expenses or injuries arising out of or incident to my or my child's participation in this Project, unless such loss or injury results directly from the neglect or willful act of an officer, agent, volunteer or employee of Broad Street Ministry acting within the scope of his/her employment.

Participant's Name

Parent/Guardian's Signature

Date



You have my permission to use photographs, slides or videos in which I or my child

_____ appears for Broad Street Ministry publicity purposes.

Adult/Parent/Guardian's Signature

Date