

2021 LBCRC MANDATORY YOUTH HEALTH FORM

Name of Student _____ Date of Birth _____

Address _____ Age _____

Town _____ State _____ Zip _____

Phone # (____) ____ - _____ Sex _____ Height _____ Weight _____

School child attends _____ Current grade _____

Emergency Contact Person:

Parent/Guardian Name _____

Email _____

Address (if different from student) _____

Town _____ State _____ Zip _____

Phone # (____) ____ - _____ Home (____) ____ - _____ Work _____

Alternate Contact Person: (Use someone near the primary contact):

Name _____

Address _____

Town _____ State _____ Zip _____

Phone # (____) ____ - _____ Home (____) ____ - _____ Work _____

Insurance information:

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No _____

Name of insurance company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ Town _____

Phone# (____) ____ - _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History

Any Pre-existing or present medical condition:

Name and dosage of any medications that must be taken:

Any Allergies? _____

To Medications? _____

____ Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Stings

____ Epilepsy/Nervous Disorders _____ Asthma _____ Frequent Stomach Upsets

____ Physical Handicap _____ Any major illnesses during the past year

If illness checked please explain _____

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If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) _____

Date of last Tetanus shot _____ contact lenses? _____
Any swimming restrictions? ___ No ___ Yes What? _____
Any activity restrictions? ___ No ___ Yes What? _____

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all time by Long Beach Christian Reformed Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Long Beach Christian Reformed Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian- print name: _____

Parent/Guardian Signature: _____

Parent Phone number: _____

Date _____ Student Signature (if over 18) _____

This form shall be in effect for one year after date signed by Parent/Guardian unless revoked sooner in writing.

2021 LBCRC PHOTO RELEASE AUTHORIZATION

By signing below:

___ I allow the church to use my child's picture in promotional materials, the LBCRC website, and any LBCRC social networking websites.

___ I fully understand and have informed my child that he/she is not to take any pictures of any other children or adults that would be deemed inappropriate.

Parent/Guardian Signature_____

Date _____ Student Signature (if over 18) _____

This form shall be in effect for one year after date signed by Parent/Guardian unless revoked sooner in writing.

2021 LBCRC PARENT ACKNOWLEDGEMENT – SELLING ITEMS AT LBCRC

Our church does not allow on the church premise the promoting of products for sale by individuals, businesses, or schools. This pertains to both adults and children. Examples would be: Girl Scout cookies, magazine subscriptions, coupon cards or books, household products, women's fashion items, etc.

By signing below, I acknowledge that I have read and will support the above policy.

Parent/Guardian Signature_____

Date _____ Student Signature (if over 18) _____

This form shall be in effect for one year after date signed by Parent/Guardian unless revoked sooner in writing.

2021 LBCRC YOUTH BEHAVIOR POLICY

LBCRC strives to offer quality Christian training and friendship. In order to fulfill this goal, we must have cooperation from the students. The purpose of this contract is to encourage students to foster a God-honoring atmosphere. The student is required to indicate his/her agreement with the terms of the contract by writing "Yes" in front of each of the statements below and then signing at the bottom.

- _____ I agree that I am responsible for my own actions and am aware that there will be consequences for inappropriate behavior.
- _____ I agree to use only language that builds others up and in this way honors God. This includes verbal conversations, emails, texting, and any forms of social media.
- _____ I agree not to participate in any fights, physical abuse, or verbal abuse to other students; this includes "play fighting".
- _____ I will respect the property and space shared with the daycare. No running, climbing, or jumping in areas or on structures not designed for those purposes.
- _____ I will respect and honor those in authority over me by my words and attitude.
- _____ I will not leave LBCRC at any time during our meetings unless I have written permission from my parents and which has been approved by my group leader.
- _____ I understand that if I do not do as agreed above on any of the items, the following will occur: first offense—a warning; second offense—a call to my parents; third offense—meeting with my leader, me and my parents; and fourth offense—possible removal from the group for a time.

REQUIRED:

Student's Name Printed: _____

Student's Signature : _____

Parent's Name Printed: _____

Parent's/Guardian Signature: _____

Date: _____