

# YOUTH Medical Form

## Winter Connection

Dakotas Conference Council of Youth Ministry



**DakYouth**  
Dakotas Conference



THE UNITED METHODIST CHURCH

This form is REQUIRED for all attendees UNDER age 18. Please turn this form in to your church youth leader or chaperone.

Winter Connection is hosted by Dakotas United Methodist Conference Council of Youth Ministry. **This form is MANDATORY and must be completed for all participants UNDER age 18.** The form can be filled out online, or it can be turned in during check-in. (You do not need to fill out this form if you completed it online.)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
First Name Middle Initial Last Name

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### Health Insurance Information

Participant's Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

### Health History

All immunizations required for school are up to date: (Circle) **Yes No**

Date of most recent tetanus immunization: \_\_\_\_\_

Does participant have **mental or medical health conditions, chronic illness, special circumstances**, or any **other pertinent health information** that we should be aware of? (Circle) **Yes No**

If yes, please explain: \_\_\_\_\_

I have reviewed the program/activities of the event and feel that my child can participate without restriction. (Circle) **Yes No** If no, please specify activity restrictions: \_\_\_\_\_

### Allergies

Participant has known allergies. (Circle) **Yes No**

If yes, please list any known allergies: \_\_\_\_\_

Participant has a history of anaphylaxis. (Circle) **Yes No**

Participant carries an Epi Pen. (Circle) **Yes No**

### Nutrition/Dietary

Participant has dietary allergies/restrictions/modifications: (Circle) **Yes No**

If yes, please list allergies/restrictions/modifications: \_\_\_\_\_

Describe below symptoms and treatment if you are exposed to these foods:

\_\_\_\_\_

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### Medication

Participant is currently taking prescribed or over-the-counter medications. (Circle) Yes **No**

Please list current medications (prescribed and over the counter):

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### Emergency Contact Information

In the event of an emergency where we are unable to reach a parent or guardian, whom should we contact?

Name of Individual: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

### Release

I am a Parent or Legal Guardian of the above named youth. I give permission for my son/daughter to participate in activities sponsored by the Conference Council of Youth Ministry at the Winter Connection event. I understand that event staff and their volunteer youth sponsors will accompany my son/daughter at the event. I understand that my son/daughter may travel in the provided transportation or in the private vehicles of youth sponsors once arriving at the event. The conference youth ministries may contact my youth/family by email. In case of emergency and I cannot be reached, I hereby give the event staff permission to act on my behalf in seeking emergency treatment for my son/daughter in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_