

## Junior/Senior Pilgrim Fellowship Health Form

### First Congregational Church

2301 Main St., Stratford, Connecticut

Form will be kept on file at the First Congregational Church 12 months

Thank you for allowing your child to be an active member of the Pilgrim Fellowship Youth Program at the First Congregational Church, Stratford, Ct. Regular meetings are held Sunday nights at the First Congregational Church, 2301 Main St., Stratford, Ct. At various times during the year our group will sponsor activities outside the Church. The events (movies, hay ride, Christmas caroling, hiking, etc.) may require your son/daughter to be transported by a PF Advisor. In order to save both time and paper, we are asking you to sign the following general permission slip, which will cover all meetings, and local trips (within 60 miles). Individual slips will be required and distributed for distant and/or overnight trips. This slip simply grants permission for your child to participate in PF and travel with one of our Advisors. If you have any questions about the slip or about PF in general please call, Director of Youth, (203) 378-2644, First Congregational Church.

#### **General Information**

Name: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_  
Street address City State Zip Code

Birth Date: \_\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Custodial parent/guardian: \_\_\_\_\_

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

Email: \_\_\_\_\_

If not available in an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street address City State Zip Code

#### **Insurance Information**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### **Health History**

Allergies to medication, foods, other (bee stings, hay fever, asthma)

\_\_\_\_\_  
\_\_\_\_\_

Medication being taken ( please list all medications including over-the-counter or non-prescription drugs)

\_\_\_\_\_  
\_\_\_\_\_

Restrictions with descriptions (dietary, physical, other)

\_\_\_\_\_

#### **Permission To Attend/Treat - Must be Signed by Parent or Guardian**

I hereby give permission for my child to be an active participant in the Youth Program at the First Congregation Church, Stratford, Ct. I understand that while all precautions will be taken, neither the Advisors, Staff, nor the First Congregational Church, can be held responsible for everyday hazards. In case of an emergency, I give the Advisors and Staff appointed by the Church, permission to seek professional medical care for my child. This includes, but is not limited to, doctors examination and treatment, and any other treatment including the use of anesthesia.

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