**Sample Health Form/Permission to Travel/Permission to Treat:**

**Youth**

This information is intended to be carried with the adult sponsor who is not a youth’s parent traveling with youth to events. This form is meant to be edited by the local congregation for the specific event the youth is attending. For instance, some of the over-the-counter medications are more likely to be needed for service trips.

**Name of Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # for Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth of Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact person for Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact phone # for Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

COVID vaccination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of youth’s most recent Tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name and/or practice name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Doctor’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance ID and group number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications (s)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please initial one:

\_\_\_\_ My youth is able to take their own medications and may keep their medications with them.

\_\_\_\_ My youth needs supervision with their medications; their sponsor needs to keep their medicines.

For even treatment of minor illnesses and injuries, we need parent/guardian permission. This form allows us to treat your child if we cannot reach you for permission for these minor illnesses and injuries. If you agree with the treatment listed, please write your initials in the box. If you want a different treatment, please list it in the box. You may list additional illnesses or injuries at the end of the list.

|  |  |  |
| --- | --- | --- |
| Illness or Injury | **Treatment** | **Preferred Treatment or Initials** |
| Sunburn | Aloe vera |  |
| Headache/Body Ache | Tylenol or Ibuprofen |  |
| Cut/Scrape | Antibiotic cream/band aid |  |
| Insect Bites | Hydrocortisone cream |  |
| Mild Fever | Tylenol or Ibuprofen |  |
| Sprain or Strain | Ice, heat, and rest |  |
| Mild Burn | Burn cream/band aid |  |
| Upset Stomach/Diarrhea | Pepto-Bismol |  |
|  |  |  |
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Allergies and reactions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other medical information that would be relevant in an emergency treatment situation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, represent that I am the Parent/Guardian of :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I grant permission for my child to participate in the following activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The activity will take place at the following location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from (date & time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to (date & time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I grant permission for my child to be transported to, and from as well as during this eventas described below by reasonable and safe means: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [e.g., taxi, train, etc.]

I have read event rules in the registration form. I agree and hereby do release and hold harmless the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[congregation],** it’s leaders, and my youth’s adult sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my child may sustain while engaged in the activity conducted, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity. Should any injury occur, I grant permission for my child to receive emergency treatment from an appropriate health care provider to be selected by my youth’s adult sponsor, when, in their opinion, the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses which the any adult supervising may incur as a result of securing such treatment. I further agree to assume responsibility for any liability which may arise for damages, loss, or injuries, as described herein which may be caused or contributed to by my child to the person or property of others.

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

(Parent/Legal Guardian signature and date)