



**YOUNG SPIRITS
MEDICAL & TRANSPORTATION FORM**

Child's Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Mother's Name: _____
Home Address: _____ Phone: _____
Employer: _____ City: _____ Phone: _____
Father's Name: _____
Home Address: _____ Phone: _____
Employer: _____ City: _____ Phone: _____

PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY IF PARENT CANNOT BE REACHED

Name 1: _____ Name 2: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Relationship to Child: _____ Relationship to Child: _____
Phone: _____ Phone: _____

.....
Physician: _____ Dentist: _____
Address: _____ Address: _____
City, St., Zip: _____ City, St., Zip: _____
Phone: _____ Phone: _____
.....

Either Part I or Part II below must be completed. **DO NOT COMPLETE BOTH.**

Part I: PERMISSION TO TRANSPORT CHILD

I give the Young Spirits my permission to transport my child (name of child) _____ to (hospital or clinic) _____ for emergency medical care or to (dentist) _____ for emergency dental care, or to the nearest available source of assistance.

Parent's Signature: _____ Date: _____

Part II: REFUSAL TO GRANT PERMISSION

I do not give permission to the Young Spirits to transport my child (name of child) _____ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish for the Young Spirits to take the following actions: _____

Parent's Signature: _____ Date: _____

FORM CONTINUED ON BACK PLEASE COMPLETE BOTH SIDES

HEALTH RECORDS

1) List all allergies and any special precautions and/or treatment indicated for these allergies (i.e. foods, medications or environmental allergies):

2) List all medications, food supplements, modified diets:

3) List any chronic physical problems and any history of hospitalization:

4) List any diseases that child has had:

5) Date of last DPT injection: _____

6) Can your child be given TYLENOL for minor pain such as headache? _____
If not, what medication can be given? _____

TRANSPORTATION FORM

The transportation of 100+ kids to and from Young Spirit events continues to be a concern for us. In the past we have required that no child drive to or from an event such as retreat, parties, Sunday morning performances, etc. Transportation to these events has always been provided by the steering committee or parents, however, it will no longer be possible for us to always provide transportation. We are therefore permitting kids to drive themselves to various functions. We are in no way controlling or monitoring, nor are we responsible for who drives or who may be a passenger to and from our events.

Your signature below verifies that you cannot hold the Milton-Union Council of Churches, the Young Spirits steering committee, nor the individual members of the aforementioned responsible.

IN CONSIDERATION OF CHILD’S PARTICIPATION IN YOUNG SPIRITS,

I, _____ PARENT/GUARDIAN OF _____
HEREBY RELEASE THE YOUNG SPIRITS FROM ANY AND ALL LIABILITY AS A
RESULT OF THE ACTIVITIES SPONSORED BY THE YOUNG SPIRITS. I UNDERSTAND
THAT I WILL BE RESPONSIBLE FOR PROVIDING TRANSPORTAION FOR ACTIVITIES
FOR WHICH THE YOUNG SPIRITS WILL NOT BE PROVIDING TRANSPORTATION. IF
TRANSPORTATION IS PROVIDED BY THE YOUNG SPIRITS THEN I GIVE MY
PERMISSION FOR MY CHILD TO ATTEND AND TRAVEL BY BUS OR WITH A
STEERING COMMITTEE MEMBER WHEN THE YOUNG SPIRITS PERFORM AT THE
VARIOUS CHURCHES, ATTEND RETREAT, PRESIDENT’S DAY WEEKEND PARTY,
AFTER PERFORMANCE PARTY AND ANY OTHER FUNCTION WHERE
TRANSPORTATION IS PROVIDED.

PARENTS SIGNATURE: _____ DATE: _____

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE FEEL FREE TO CONTACT
DAVID WION @ 937-409-3373 OR DARIN WION @ 937-248-9359.