

# Faith Fellowship Church

## Youth Health Consent & Release Form



Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact (If parent cannot be reached): \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

### **MEDICAL HISTORY** (RESTRICTIONS, ILLNESSES, ALLERGIES, INJURIES, PERTAINENT CONDITIONS)

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### **NECESSARY MEDICATIONS** (MUST BE DISPENSED BY THE FFC NURSE ONLY)

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Scan the QR Code to list any food allergies your child may have.

I hereby release the church, its employees or volunteers, from any personal liability due to any injury or illness to said youth during all church activities, retreats and camps. Furthermore, I hereby give permission to the Youth Pastor, Camp Directors, Youth Nurse and Youth Counselors to act in my place, as parent or guardian, in cases where such consent is required in emergency situations. I agree to release and hold harmless those individuals who make such decisions in my place as a parent or guardian during this time of emergency.

Signed: X \_\_\_\_\_ Date: \_\_\_\_\_

State of **Florida** County of **Brevard**:

Subscribed and sworn to before me, a Notary Public, appeared \_\_\_\_\_

Personally known to me \_\_\_\_\_ or who produced \_\_\_\_\_ as identification.

This \_\_\_\_\_ day of \_\_\_\_\_, A.D 20\_\_\_\_. Affix Seal

Notary Public Signature \_\_\_\_\_