

Youth Program Health & Permission Form

New England Yearly Meeting

One child per form — photocopy this as needed or download copies from sessions.neym.org. No family or Young Friend with a sponsor will be registered for Sessions until the Registrar receives a completed Health Form for each child. Do not mail after July 31st.

Please note that the Young Friends program will use this Health Form for the coming 2011-2012 Retreat Year. Parents /guardians are asked to update the YF's Coordinator with any changes to the information provided on this form.

For more information contact the Youth Program Coordinators at neym.org and/or jymretreats.org

Child's name: _____ Child's Preferred Name/Nickname: _____

Birth Date: _____ Grade Entering Fall 2011: _____ Monthly Meeting: _____

Address: _____

Home Phone: _____ Child's Cell Phone: _____

Parent/Guardian Name(s): _____

1st Parent/Guardian Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2nd Parent/Guardian Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Adult sponsor at Sessions: _____ Relation to child: _____

Home Phone: _____ Cell Phone at Sessions: _____

Additional Emergency Contacts:

1) Name: _____ 2) Name: _____

Relation to child: _____ Relation to child: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Medical Insurance Carrier: _____

Plan/Policy #: _____ Name of Subscriber on Policy: _____

Family Doctor Name _____ Doctor's Phone #: _____

1) Describe any allergies to foods, animals, insects or substances as well as any food restrictions. Please be as detailed as necessary.

2) List all medications currently being taken by your child and the purpose of each (ie, inhaler for asthma).

3) What is the plan for the administration of your child's medications? *(Please note: This plan is required for program participation at Sessions as well as at Young Friends Retreats. Staff cannot be responsible for storing or dispensing any medications.)*

continued on reverse side

Please complete both sides of this form—Submit 2011 Youth Program Health & Permission Form to Registrar—**Do not mail after July 31st**

4) Describe any physical, behavioral, emotional or learning difficulties that NEYM staff need to know to help your child or teen be an engaged and happy member of our community.

5) Is there anything else we should know about your child (ie, new sibling, recent death in the family, etc)?

6) The JHYM and YF programs may take young people swimming. What is your child's swimming ability?

Permission Form

I hereby give my permission for my son/daughter, _____, *[fill in child's name]* to participate in the New England Yearly Meeting of Friends Youth Programs under the supervision of the volunteer staff. I am aware that participation in this activity involves certain risks and dangers. I understand that while at the NEYM Annual Sessions Youth Program, participants are expected to follow the rules and standards contained in the *NEYM Sessions Policy on Addressing At-Risk or Disruptive Behavior*. In addition, participants are expected to follow all instructions of volunteer staff that are charged with their care. I hereby release and waive all claims against New England Yearly Meeting of Friends arising out of my son's or daughter's failure to remain under the supervision and comply with the rules, standards, and instructions of New England Yearly Meeting of Friends.

The undersigned parent or guardian of _____, *[fill in child's name]* for his/her child, him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against New England Yearly Meeting of Friends or its officers, agents, servants or employees, the undersigned parent or guardian will defend, indemnify, and hold harmless New England Yearly Meeting of Friends and its officers, agents, servants or employees from any and all claims or causes of action by my child or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of my child or my child present any claim against New England Yearly Meeting of Friends and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by New England Yearly Meeting of Friends and said persons.

The authority granted herein also includes the authority to consent to any emergency transportation, medical and/or dental treatment, and hospital care for my child, under the general supervision and/or upon the advice of, a licensed physician and/or surgeon, or by a licensed dentist. In a life threatening situation, every attempt will be made to contact both the child's parents and primary care physician as soon as possible.

I give my full permission for the release and exchange of any Health Form information about my child or teen with program staff and consultants.

I do I do not (please check one) give permission for NEYM to post pictures of my child on NEYM's Youth Program's online sites. I understand that no names are attached with any photos.

I have read and agree to the above conditions.

Dated this _____ day of _____, 2011

(Parent's/Legal Guardian's signature)

(Parent's/Legal Guardian's signature)

Young Friends Commitment Agreement: I understand that attending a Young Friends event means I commit to participate fully in the program, to help form our community, and to abstain from using alcohol/illegal drugs and being sexually intimate.

(Signature of Young Friend)