

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 #: _____

Please list any RESTRICTIONS, ILLNESSES, ALLERGIES AND/OR INJURIES and necessary medications:
(ALL MEDICATIONS WILL BE DISPENSED BY THE YOUTH NURSE ONLY)

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