

YOUTH ANNUAL CONFERENCE HEALTH/PERMISSION FORM

This form **MUST** be filled out by every youth/adult attending YAC.

All persons UNDER 21, who are on their parent's/guardian's insurance plan, must have a parent/guardian signature on this form.

Name: _____ Local Church: _____

Church Group Leader: _____ Phone: _____

Name and Phone Numbers to Call in Case of an Emergency:

1. Name: _____ Relationship: _____

Day Phone () _____ Evening Phone () _____

Cell Phone () _____ Pager () _____

2. Name: _____ Relationship: _____

Day Phone () _____ Evening Phone () _____

Cell Phone () _____ Pager () _____

Are you currently taking any medications? _____ Yes _____ No

If yes, please list*: _____

Do you have any special condition(s) we should be aware of (Epilepsy, Diabetes, etc.)? * _____

Are you allergic to anything? _____ Yes _____ No (If YES please list)*

Date of last tetanus shot _____

PARENT'S AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed YAC 2008 activities except as noted by me.

I, the undersigned parent or guardian, do hereby grant permission for my child, _____
(Child's name)

to attend Youth Annual Conference June 13-15, 2008 at Lakeside, Ohio. In order that my child may receive the necessary medical treatment in case of an injury or illness, I hereby authorize event staff to obtain and consent to medical treatment for my child for such injury or illness during the event, and I hereby hold harmless in the exercise of this authority the event staff, the United Methodist Church of the East Ohio Conference and their representatives, and The Lakeside Association and their representatives.

I further understand that while at **YAC 2008 the local church, listed above, is responsible for the care of the child whose name appears on this form throughout the entire weekend of June 13-15, 2008. The church youth leader accompanying this group (listed above) has informed me of the accommodations and sleeping arrangements for our youth group, and I have also been directed as to how to contact my child in the case of an emergency at home.**

Parent/Guardian **Signature:** _____ **Date:** _____

Parent/Guardian **Printed Name:** _____

*Please attach additional sheets if necessary

**If you are registering after June 1st, 2008, please bring a copy of this health form to YAC as we may not receive the original via mail in time.