

Youth Program Health Form

2008 New England Yearly Meeting Annual Sessions

One child per form — photocopy this as needed or download copies from 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.

This completed form is required for your child to participate in any Youth Program (including YFs who are 18 years old). **Submit this form to the Registrar.** Do not mail after July 26th. Contact the appropriate Coordinator with any questions or concerns:

Childcare (ages 4 & under): Kimberly Burnworth Walker, 617/983-0096 • kbwalker@alumni.brown.edu

Junior Yearly Meeting (entering grades K–6): Betty Ann Lee, 508/994-1638 • welees@comcast.net

Junior High Yearly Meeting (entering grades 7–9): Kara Price Bachand, 860/617-8175 • pricequakes@hotmail.com

Young Friends (entering grade 10–'08 HS graduates): Kimberly Allen, 207/7549353 • yf.yafcoord@neym.org

Child's name: _____ **Birth date:** _____ **Grade Entering Fall 2008:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Parent/Guardian Name(s): _____

Primary Parent(s) Address: _____

Home Phone: _____ **Cell Phone:** _____

Medical Insurance Co.: _____

Plan/Policy #: _____ **In whose name:** _____

Family Doctor Name _____ **Phone #:** _____

Adult sponsor at Sessions: _____

Home Phone: _____ **Cell Phone:** _____

Additional Emergency Contacts:

1) Name: _____ 2) Name: _____

Relation to child: _____ Relation to child: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

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The Jr. High program and the Young Friends program may take kids swimming. What is your child's swimming ability?

Please answer the following questions as completely as possible so that we will be able to best serve your child or teen. This information confidential will be kept confidential and will only be shared with program staff and consultants as necessary planning and to support your child or teen.

1) Please describe any allergies.

2) Please list all medications currently being taken and why they are being taken (i.e., inhaler for asthma).

continued on reverse side

Please complete both sides of this form—Submit 2008 Youth Program Health Form to Registrar—Do not mail after July 26th

3) Please describe your plan for administration of your child's medication. *(Please note: This plan is required for program participation. Staff can not be responsible for storing or dispensing any medication.)*

4) Please describe any physical, behavioral, emotional or learning difficulties that NEYM staff need to know about to help your child or teen during Sessions.

5) Is there anything else that we should know about your child (e.g. new sibling, recent death in the family, etc.)? Please describe.

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 Annual Sessions Youth Program 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 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 have read and agree to the above conditions.

Dated this _____ day of _____, 2008

(Parent's/Legal Guardian's signature)

(Parent's/Legal Guardian's signature)