

Junior/Senior Pilgrim Fellowship Health Form

First Congregational Church

2301 Main St., Stratford, Connecticut

Form will be kept on file at the First Congregational Church 12 months

Thank you for allowing your child to be an active member of the Pilgrim Fellowship Youth Program at the First Congregational Church, Stratford, Ct. Regular meetings are held Sunday nights at the First Congregational Church, 2301 Main St., Stratford, Ct. At various times during the year our group will sponsor activities outside the Church. The events (movies, hay ride, Christmas caroling, hiking, etc.) may require your son/daughter to be transported by a PF Advisor. In order to save both time and paper, we are asking you to sign the following general permission slip, which will cover all meetings, and local trips (within 60 miles). Individual slips will be required and distributed for distant and/or overnight trips. This slip simply grants permission for your child to participate in PF and travel with one of our Advisors. If you have any questions about the slip or about PF in general please call, Director of Youth, (203) 378-2644, First Congregational Church.

General Information

Name: _____
Last First

Home Address: _____
Street address City State Zip Code

Birth Date: _____ Gender: Male Female

School: _____ Grade: _____

Custodial parent/guardian: _____

Home Phone: () _____ Work Phone: () _____

Email: _____

If not available in an emergency, notify:

Name: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____

Home Address: _____
Street address City State Zip Code

Insurance Information

Insurance Company: _____ Policy Number: _____

Health History

Allergies to medication, foods, other (bee stings, hay fever, asthma)

Medication being taken (please list all medications including over-the-counter or non-prescription drugs)

Restrictions with descriptions (dietary, physical, other)

Permission To Attend/Treat - Must be Signed by Parent or Guardian

I hereby give permission for my child to be an active participant in the Youth Program at the First Congregation Church, Stratford, Ct. I understand that while all precautions will be taken, neither the Advisors, Staff, nor the First Congregational Church, can be held responsible for everyday hazards. In case of an emergency, I give the Advisors and Staff appointed by the Church, permission to seek professional medical care for my child. This includes, but is not limited to, doctors examination and treatment, and any other treatment including the use of anesthesia.

Signature of Parent/Guardian: _____ Date: _____