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**2017 - 2018 Wednesday WRAP**

***Children & Youth* Mandatory Health & Consent Form**

  **Block 1: \_\_\_\_\_\_\_\_\_\_ Pd: \_\_\_\_\_\_\_**

**Block 2: \_\_\_\_\_\_\_\_\_\_ Pd: \_\_\_\_\_\_\_**

**Block 3: \_\_\_\_\_\_\_\_\_\_ Pd: \_\_\_\_\_\_\_**

 **Block 4: \_\_\_\_\_\_\_\_\_\_\_Pd: \_\_\_\_\_\_\_**

1. Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_Grade\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth \_\_\_\_\_\_\_\_ Age \_\_\_\_Grade\_\_\_\_\_\_\_

3. Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_ Age \_\_\_\_Grade\_\_\_\_\_\_\_

4. Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth \_\_\_\_\_\_\_\_ Age \_\_\_\_Grade\_\_\_\_\_\_\_

**Emergency Contact Person**

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History**

Any pre-existing medical conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies? \_\_\_\_\_\_\_\_To medications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dietary Restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any major illnesses during the past year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the even I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the First Presbyterian Church of Mesa (FPC) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold FPC, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**Parental or Guardian Consent**

My child(ren)has my permission to participate in authorized events of FPC and releases the church, its employees or agents of any liability arising therefrom. In the event of illness or injury, I give permission for any medical treatment for my child deemed necessary for his/her health and safety. I certify that the medical information contained on this form is complete and correct to the best of my knowledge. I also give consent for my child to be photographed during FPC activities and for those photos to be used in church publications, websites/webpages.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_