

Northeastern Conference Youth Ministries Department



RISK MANAGEMENT



MEDICAL HEALTH INFORMATION FORM

NECYM Ministries: Adventurer Pathfinder MG AYM Sports MCC Compassion Other _____

PERSONAL INFORMATION:

FULL NAME: _____
LAST First M.I

ADDRESS: _____

CITY STATE ZIP CODE

TELEPHONE: CELL: _____

AGE: _____

DOB: _____

MEDICAL HISTORY:

1. Has there been any change in your general health within the past year? If yes please indicate what: _____

[] Yes [] No

2. Last Medical/Physical Examination was: _____

3. Are you currently under the ongoing care of a Physician or medical provider?

[] Yes [] No

What are you being treated for: _____

4. Are you taking any prescribed or non-prescribed medications?

[] Yes [] No

If yes what are they?: _____

How much do you take on a daily basis? _____

Do you administer the medication yourself?

[] Yes [] No

5. Do you have any of the following medical concerns?

a. Heart problems [] Yes [] No

b. Allergy [] Yes [] No to what? _____

c. Sinus trouble [] Yes [] No

d. Asthma [] Yes [] No

e. Hay Fever [] Yes [] No

f. Seizures/Fainting Spells [] Yes [] No

g. Diabetes [] Yes [] No

h. Hypertension [] Yes [] No

i. Anemia [] Yes [] No

6. Are you allergic or have had a bad reaction to:

- a. Local anesthetics [] yes [] No
b. Penicillin or Antibiotics [] Yes [] No
c. Sulfa Drugs [] Yes [] No
d. Aspirin [] yes [] No
e. Iodine [] Yes [] No
f. Other [] Yes [] No Explain _____

7. If you are a women, are you:

- a. Pregnant [] Yes [] No
b. have menstrual problems [] yes [] No
c. Nursing [] Yes [] No

I certify that I have read and understood the above and I acknowledge that in the event of a sudden illness or accident that the Officials of the **Adventist Youth Ministry** are authorized by me or my guardians to release this information to Emergency Medical Service Personnel attending to my care.

Signature _____ Date: _____

Guardian: _____ Date: _____

MEDICAL PROVIDERS INFORMATION:

PCP NAME: _____

ADDRESS: _____

CITY STATE ZIP CODE

TELEPHONE: (____) _____ - _____

CELL: (____) _____ - _____

PROVIDER TYPE: [] Personal Physician [] HMO [] Clinic

INSURANCE INFORMATION:

Insurance Company: _____

Contact Number: _____

Name of Policy Holder: _____

Insurance Policy Number: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: (_____) _____

CELL: (_____) _____

RELATIONSHIP: _____

PERMISSION TO TREAT:

In the event of sudden illness or accident requiring immediate attention, you are hereby granted permission to secure emergency medical services and use the information in this document for such purposes.

The above named person is a minor for whom I am the parent or legal guardian. As such you have my permission to obtain emergency medical services for _____ in the event of sudden illness or accident.

Please note all medical conditions or significant medical information for the participant named above: _____

I can be reached at the following telephone numbers for follow-up.

Home: () _____ Work: () _____ Other: () _____

Printed name of Parent, Guardian, Staff, Volunteer _____

Parent/Guardian Signature: _____ Date: _____

Staff/Volunteer Signature: _____ Date: _____

SPECIAL INSTRUCTIONS:



NORTHEASTERN CONFERENCE YOUTH MINISTRIES DEPARTMENT

PERMISSION TO PARTICIPATE IN ACTIVITIES/EVENTS/TRIPS

NECYM Ministries: Adventurer Pathfinder MG AYM Sports MCC Compassion Other _____

Activity/Event _____ Date: _____ Cost: _____

Location of Activity/Event: _____

Time of Departure: _____ Time of Return: _____ Mode of Transportation: _____

Leave From/Return to: _____ Activities: _____

Leader Accompanying: Name: _____ Phone: _____

In case of emergency, the leader will notify the parent.

My child has permission to travel with the trip leaders and drivers selected and approved by my church board/conference, and sponsored by my local Seventh-day Adventist Church/Conference. I understand that my child will be chaperoned by either myself (if I am going), and/or adult leader and staff member while on this trip. I have already completed and given to the leader/director, my child's Health/Medical Information & Consent Form, which includes a signed consent to medical treatment.

My child _____ has permission to participate in _____ activities.

1. Child is in good health and can participate without any accommodations. Y or N
2. Child can participate with reasonable accommodations in respect to health or physical special needs.

List special needs: _____ Allergies: _____

3. During the activity or in case of an emergency, I may be reached at: _____

4. If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf for emergency medical treatment as is deemed necessary. I understand that this authority will be exercised only if reasonable attempts to contact me should fail. I authorize (adult): _____

Relationship to Participant: _____ Phone: _____

5. If I am driving children to, or during this event, I have completed and given to the club director my completed and signed Driver's Information Sheet, as well as my Youth Ministry Volunteer Form, (which is due whether or not I am a driver). In the event of an emergency, medical measures will be taken, and every attempt will be made to notify the parent/legal guardian by telephone.

Notice to participant(s): Please be advised that you/your child may be photographed, videotaped, and /or recorded and the images may be made public for use in newspapers, newsletters, TV, radio, Internet. Such as, brief summaries of participation in events/activities for use in club/conference websites, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Instagram, etc.)

Parent/Guardian Signature: _____ Date: _____

***NOTE TO LEADER: This form along with completed Health/Medical form must accompany the responsible adult for this approved Event/Activity/Trip and copies given to the appropriate sources prior to event/trip/activity.**

****Parent please retain a copy****



Pathfinder Club Membership Application

Name of Church _____ **Year** _____

Seventh-day Adventist Church of the Northeastern Conference

I would like to join the _____ **Pathfinder Club**. I will attend club meetings, campouts, missionary adventures, and other club outings and activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Name: _____ **Sex:** _____ **Male** _____ **Female** **Email:** _____

Address: _____ **City:** _____ **ZIP Code** _____

Date of Birth: _____ **Age:** _____ **Phone:** _____

Registration Fee: \$ _____

Club Dues: \$ _____

Total Payment: \$ _____

PATHFINDER PLEDGE

By the grace of God,
I will be pure, kind and true.
I will keep the Pathfinder Law.
I will be a servant of God
And a friend to man

PATHFINDER LAW

1. Keep the morning watch.
2. Do my honest part.
3. Care for my body.
4. Keep a level eye.
5. Be courteous and obedient.
6. Walk softly in the sanctuary.
7. Keep a song in my heart.
8. Go on God's errands.

Pathfinder Signature: _____

Class: Friend Companion Explorer Ranger Voyager Guide

Applying for Membership _____ Renewing Membership _____ Transferring from Another Club _____

Name of club: _____ **Location:** _____

Approval by Parents or Guardians:

We hereby signify the applicant is at least 10 years of age. We have read the pathfinder Pledge and Law and are willing and desirous that the applicant become a pathfinder. We will assist the applicant in observing the rules of the Pathfinder organization. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club of the _____

_____ Conference of Seventh-day Adventist for any accidents, which may arise in connection with the activities of the Pathfinder club.

As parents, we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure, and fun. We will cooperate:

1. By learning how we can assist the applicant and his leaders
2. By encouraging the applicant to take an active part in all club activities
3. By attending events to which parents are invited.
4. By supplying needed information on the Membership Application and Health Record.

Name of Father or Guardian _____

Signature of Father or Guardian _____

Date: _____

Name of Mother or Guardian _____

Signature of Mother _____

Date: _____

Date of Application: _____ Pathfinder Name: _____

My Dad is a Master Guide My

___ Yes ___ no

Other area of Youth Ministry _____

Mother is a Master Guide

___ Yes ___ no

Other area of Youth Ministry _____

My Dad has been a Pathfinder

___ Yes ___ no

My Mother has been Pathfinder

___ Yes ___ no

Club Use Only

Check (✓) box when completed.

Membership Application (this form) Health & Medical Record___ Uniform

Arrangements _____ Pathfinder permission slip _____

Date _____

___ Accepted into Preparatory Membership:

Date: _____

Initial: _____

___ Completed Preparatory Membership

Date: _____

Initial: _____

___ Inducted into Full Membership

Date: _____

Initial: _____

Name of Director: _____

Director's Signature: _____

Date: _____

Area Coordinator Signature _____ Date: _____



NEC YOUTH DEPARTMENT—AYM MINISTRIES

PHOTOGRAPH/VIDEO RELEASE FORM

I, _____, hereby grant permission to Northeastern Conference Youth Department and all its entities/ministries, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be physically and/or electronically displayed via the Internet or in the public educational setting, for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name-Print _____ (one per person)

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature-(Self) _____ Date _____

****If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.****

Parent's/Legal Guardian Signature _____ Date _____