YOUTH HEALTH/PERMISSION FORM 2021-22

PLEASE PRINT CLEARLY ON BOTH SIDES
Permission valid through June 30, 2022

RETURN BY MAIL TO: Youth Religious Life Coordinator, 1515 Cherry Street, Philadelphia, PA 19102
**We need to receive the original signed copy of form. You may in addition email a scanned copy to MWennerBradley@pym.org*

CONFIDENTIALITY: Philadelphia Yearly Meeting will keep this information confidential and use it only to the extent needed to ensure the health and safety of each Participant.

PARTICIPANT NAME: ____ Grade in school: ________

Pronouns: __________________ Date of Birth: _____/_____/_____ Sex assigned at birth: Male / Female

Home Address: ______________________________ City: ____________________ State/Zip: ________

Home Phone (_______) ________-_____________ Local Meeting (if applies): _______________________

Preferred E-mail Address for program mailings: ____

PARENT/ GUARDIAN /EMERGENCY CONTACT Please indicate relationship to person named above. **Boarding school students should list their school's Dean's Office as the Secondary Contact.*

PRIMARY CONTACT: _______________________________________ Relationship: _______________

Address: ____ Home Phone (_____) ______-_________

City: ______________________________ State/Zip: ___________ Cell Phone (_____) ______-_________

E-mail: ____ Work Phone (_____) ______-_________

***SECONDARY CONTACT:** ___________________________________ Relationship: _______________

Address: ____ Home Phone (_____) ______-_________

City: ______________________________ State/Zip: ___________ Cell Phone (_____) ______-_________

E-mail: ____ Work Phone (_____) ______-_________

MEDICAL & INSURANCE INFORMATION:

Family Physician: ____ Phone (_____) ______-_________

Medical Insurance Co.: ____________________________ Member's name: _________________________

Policy # ______________________________ Group # _______________________ Is this an HMO? Y / N

Prescription plan and # (if applicable) ____

Allergies *(including food)* and Dietary Needs:

Date of last tetanus shot: _____/_____/_____

Has the Participant received Covid-19 vaccination? Yes / No Date(s) of dose(s): __________________
this information is not required, but will assist us if we need contact tracing information.

Medications — If the Participant will need to take any medication while participating in PYM Youth programs, please identify the name of the medication, dosage, time(s) taken and whether any PYM staff will be needed to monitor or administer the medication:

ADDITIONAL PARTICIPANT INFORMATION:

Each young person brings gifts to the youth programs community. To improve your child's group experience in Quaker community, please also tell us about gifts and needs that they may have, including medical, dietary, physical, behavioral or emotional needs. You may write in the space below, attach additional page, and/or call us to discuss.

PHOTO RELEASE: ___________ (please initial)

I hereby grant permission to Philadelphia Yearly Meeting (PYM) to use my/my child's photographic or video image and audio recordings of myself/my child on its website, on its social media pages, or in official printed publications without further consideration, and I acknowledge PYM's right to crop or treat the photograph, video recording or audio recording at its discretion. This includes photo or video depicting the participation of myself/my child in a video conference or other virtual event or gathering. I also acknowledge that PYM may choose not to use my/my child's photo, video recording or audio recording at this time, but may do so at its own discretion at a later date. I also understand that once recordings of my child and my/my child's image is posted on PYM's website, the image, video recording or audio recording can be downloaded. Therefore, I agree to indemnify and hold harmless PYM from any claims. PYM reserves the right to discontinue use of photos, audio recording, or video recording without notice.

PERMISSION AND CONSENT:

I give permission and consent for my above named child (or self if age 18 or older) to participate in the Philadelphia Yearly Meeting's youth activities. I am fully aware of and appreciate the risks including the risk of catastrophic and permanent injury, that may possibly attend such activities. I hereby release Philadelphia Yearly Meeting, its staff, volunteers, officers, directors, and board members , from liability for any illness, accident or injury that my child (or I) may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination or other diagnostic scan; medical, dental or surgical diagnosis; treatment including hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital; and consultation with a mental health professional.

I will assume financial responsibility for treatment rendered during this time. If treatment is rendered to my child, I expect to be contacted as soon as possible. I will not hold Philadelphia Yearly Meeting responsible for the payment of any bills incurred because of illness, accidents or injuries to my child (or myself if age 18 or older).

I agree to indemnify and hold Philadelphia Yearly Meeting harmless for any loss or expense occasioned by the treatment. of my child or myself. I represent that I am authorized to execute this waiver/release on behalf of all the child's parents and/or guardians.

Signature of Parent or Legal Guardian ____ Date: ____/____/________

We have been advised not to accept Faxed or photocopied signatures.

Relationship to above named minor (Write SELF if age 18 or older):________________________________