



CONVOCATION OF AMERICAN CHURCHES IN EUROPE

Registration Form II:

Youth Parental Consent & Medical Form

A. Permission

I give permission for my son / daughter / ward (*circle one*),

_____ (name)

to attend _____ (event)

in the charge of _____ (leader)

and/or _____ (leader/chaperon)

on the day(s) of _____ (date),

and to take part in any special activities. In the event of illness, injury or other emergency, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give the person(s) named above permission to act on my behalf to secure medical treatment as necessary, including, but not limited to: medical attentions, anesthesia, surgery and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services which my child may receive while attending this event. I absolve and hold harmless the Convocation of American Churches in Europe and its designated youth leaders and representatives from any liability in acting on my behalf in this regard.

Date: _____

Signed: _____

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B. Medical Information:

Please answer the following questions, and give additional details to any question answered “Yes” below the question. Feel free to add more information on additional pages if necessary.

1. Does the youth suffer from any on-going or recurring illness? Yes / No

Please explain: _____

2. Has the youth had any contagious illness or direct contact with any contagious illness within the last four weeks? Yes / No

Please explain: _____

3. Does he/she take regular medication? Yes /No

If yes, please ensure an adequate supply and instructions.

4. Does he/she have any known allergies (including medications), phobias, or disabilities? Yes / No

Please specify:

5. Has he/she been immunized against Tetanus within the last 10 years? Yes / No

6. Does he/she have any special dietary requirements? Yes / No

Please specify:

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7. Is there any personal information of which the organizers should be aware?
Yes / No

Please explain: _____

8. In the event of any “homely” medication (e.g. paracetamol, cough mixture, antacid) being required, please state which you will permit to be given:

C. Medical insurance information

Medical insurance company: _____

Policy Number: _____

Insurance company’s emergency phone number: _____

Name of physician: _____

Physician’s phone number: _____

D: Emergency contact information:

Parent/guardian who may be contacted during the event:

Name: _____

Address (street): _____

Address (postal code, commune): _____

Address (country): _____

Home telephone number (include country code): _____

Work telephone number: _____

GSM number: _____

If not available, alternate contact:

Name: _____

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Relation: _____

Address (street): _____

Address (postal code, commune): _____

Address (country): _____

Telephone (include country code): _____

Work telephone number: _____

GSM number: _____

These forms (Registration forms I-IV), as well as copies your passport, and insurance card may be mailed via post or e-mailed to:

Ms. Dale H. Maguire, YAE Coordinator

c/o All Saint's Rectory

Rue Coleau 81

1410 Waterloo

Belgique

OR e-mail: youth@tec-europe.org

OR Call Home: +32(0)2/731.18.01