

**STOP!!! Do not send this form with your registration!**

This form MUST be in the possession of any non-custodial driver of minors.

**Youth Transportation Release**

This form is required if a minor will be transported to or from a conference event by an adult other than a custodial parent. **Please note that all persons transporting minors must be at least 21 years of age.**

Camper's Name: \_\_\_\_\_

All medications must be in the possession of an adult who will turn over medications to the health supervisor at the event. At the end of the event, the health supervisor must return medications to an authorized adult. Minors must not be in possession of medications other than inhalers and sting kits.

The following person(s) have my permission to transport the above named minor to and/or from the NCNC-UCC Annual Meeting at Asilomar Camp Grounds, Pacific Grove, May 19-22, 2005. I further grant permission to the person(s) listed below to act as my agent(s) while transporting my child, in authorizing any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act. (The above to occur only after reasonable efforts to contact the undersigned have been unsuccessful.)

Name of person driving my child to NCNC Annual Meeting on May 19 or 20, 2005: \_\_\_\_\_

Home &/or Cell Phone Number: \_\_\_\_\_

Name of person driving my child home from NCNC Annual Meeting on May 22, 2005: \_\_\_\_\_

Home &/or Cell Phone Number: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature of Custodial Parent \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers where you can be reached during the times your child will be traveling to and from camp:

\_\_\_\_\_

*This form must be in the possession of the authorized driver(s) to camp and given to event leaders upon arrival at the event who will give the form to the authorized driver for the trip home.*

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# Youth Health Form

For Campers under the age of 18 — this form may be duplicated.  
**To be returned with Covenant and Volunteer Form.**

|                           |        |         |
|---------------------------|--------|---------|
| <b>Youth's Name</b> _____ | (Last) | (First) |
|---------------------------|--------|---------|

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Gender** F M

The following information is required to ensure that your youth's individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your youth's well being. In the event of an emergency, every effort will be made to contact the parent or designated individual. **For the safety and well being of everyone, every person under the age of 18, in order to attend Annual Meeting, must submit a completed and signed copy of this form.**

**MEDICAL HISTORY:**

Has your youth been subject to any of the following? Please check:

| Condition                           | In the past year | More than a year ago | Never | Condition          | In the past year | More than a year ago | Never |
|-------------------------------------|------------------|----------------------|-------|--------------------|------------------|----------------------|-------|
| Cerebral Palsy                      |                  |                      |       | Convulsions        |                  |                      |       |
| Diabetes                            |                  |                      |       | Fainting Spells    |                  |                      |       |
| Epilepsy                            |                  |                      |       | Tires Easily       |                  |                      |       |
| Heart Disease                       |                  |                      |       | Frequent Headaches |                  |                      |       |
| Rheumatic Fever                     |                  |                      |       | Eye Problems       |                  |                      |       |
| Chicken Pox                         |                  |                      |       | Ear Problems       |                  |                      |       |
| Rubella                             |                  |                      |       | Frequent Colds     |                  |                      |       |
| Mumps                               |                  |                      |       | Nosebleeds         |                  |                      |       |
| Whooping Cough                      |                  |                      |       | Frequent Urination |                  |                      |       |
| Scarlet Fever                       |                  |                      |       | Fractures          |                  |                      |       |
| Hepatitis                           |                  |                      |       | Dizziness          |                  |                      |       |
| Encephalitis                        |                  |                      |       | Other:             |                  |                      |       |
| Emotional problems or hyperactivity |                  |                      |       | Other:             |                  |                      |       |

**Date of Last Tetanus Shot:** \_\_\_\_\_

**Allergies:** Type, description of symptoms, etc. \_\_\_\_\_

**Usual Source of Care:** Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Glasses prescribed? \_\_\_\_\_ Worn? \_\_\_\_\_ Contact lenses worn? \_\_\_\_\_

**Accident/Health Insurance Provider:** \_\_\_\_\_

Phone number: \_\_\_\_\_ Policy No. \_\_\_\_\_

**Regular Medications:** What medications, if any, does your youth take on a regular basis? Please list amount and times for each medication. This information can be updated at any time or when your youth arrives at camp. A Medication/Prescription Form, provided with the camper letter, must accompany each prescription, over the counter drug, or vitamin. All medications must be in their original container.

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**Other things we should know:**

Please explain any further information about physical or behavioral conditions, whether checked in the chart above or not mentioned previously, that the staff should know about, such as sleepwalking, bedwetting (please send an easily laundered sleeping bag), epilepsy, fainting, asthma, hyperactivity, nose bleeds, etc. Please be as specific as possible:

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*(Please complete both sides of this form)*

Is there any additional information, which would be of help in promoting your youth's welfare while at Annual Meeting? Please include any past or potential experiences that might be upsetting to your youth. *(This information is available to the youth program director and shared with counselors only if needed and appropriate.)*

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**As-needed Medications**

If you **do not** wish to have your child treated using the following medications in the event of the presence of the symptoms indicated, please check the "No" column. If the treatment listed below is acceptable for the corresponding symptoms, **do not send the listed medication (with the exception of Epi-pens).**

| Symptoms  | Treatment   | N<br>O | Symptoms             | Treatment  | N<br>O |
|---|---|--------|----------------------|--|--------|
| Abdominal Pain  | Liquid Maalox   |        | Fever, Flu; Headache | Ibuprofen,<br>Acetaminophen                                |        |
| Nausea  | Maalox  |        | Menstrual Cramps     | Ibuprofen,<br>Acetaminophen                                |        |
| Allergy, Hives, Bites                                       | Chlortrimatron, Benadryl                              |        | Muscle Spasm         | Ibuprofen  |        |
| Asthmatic attack or acute allergic reaction to insect bites | Adrenaline  |        | Poison               | Ipecac or Charcoal<br><b>Doctor will be called first</b>   |        |
| Constipation  | Milk of Magnesia                                      |        | Rash                 | Cortaid Cream  |        |
| Cough   | Robitussin DM   |        | Sinusitis            | Sinutab  |        |
| Cuts  | Hibiclens and Polysporin                              |        | Sore Throat          | Throat Lozenge,<br>Acetaminophen                           |        |
| Diarrhea  | Imodium AD  |        | Sunburn              | Solarcaine <b>if not allergic to -caines</b> , & Ibuprofen |        |
| Earache   | Auralgan (if not allergic to -caines), Sinutab, Afrin |        | Vomiting             | Pedialite  |        |
| Eye Irritation  | Visine AC   |        |                      |  |        |

### Medical Release Statement

(Must be signed by custodial parent or legal guardian)

My youth \_\_\_\_\_ is in good health.  
(Name)

I will notify the youth program director if my youth is exposed to any communicable disease during the two weeks prior to attending camp.

**In case of medical emergency**, I give permission to the physician selected by the Youth Program Director or other authorized program staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for my youth.

**Parent/Guardian Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
(Home) \_\_\_\_\_ (Work)

**Please return by May 13 to:**

Annual Meeting Youth Committee

c/o First Cong. UCC

2000 Humboldt Street

Santa Rosa, CA 95404

Last minute form? Fax: 707-546-0990 Attn: Annual Meeting Youth Committee

Northern California Nevada Conference United Church of Christ

# ATTENTION ALL YOUTH!

The planning committee is always looking for youth to participate in the worship and work at the Annual Meeting! If you have interest in any of the areas below, please check the box and return the form with the other materials.

## Worship

- Scripture reader
- Usher
- Reading Prayer
- Serving Communion

## Work

- Page person in meetings
- Helper in discernment sessions

If you choose to volunteer, planning committee member will be in contact with you before the event or when you arrive on-site.