

# 2021/22 Youth Program Health & Permission Form

## New England Yearly Meeting

*One child per form* — photocopy this as needed or download copies from [neym.org](http://neym.org).

**Child's name:** \_\_\_\_\_ Child's Preferred Name/Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Entering Fall 2021: \_\_\_\_\_ Monthly Meeting: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child's Cell Phone: \_\_\_\_\_ Child's Email: \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

1st Parent/Guardian Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Parent/Guardian Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Emergency Contacts:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_

Plan/Policy #: \_\_\_\_\_ Name of Subscriber on Policy: \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

1) Describe any allergies to foods, animals, insects or substances that we will need to accommodate. Please be as detailed as necessary.

2) Describe any food restrictions or special diet that we will need to accommodate. Please be as detailed as necessary.

3) List all medications currently being taken by your child and the purpose of each (e.g., inhaler for asthma).

4) Describe any physical, behavioral, emotional or learning difficulties that NEYM staff need to know to help your child or teen be an engaged and happy member of our community.

5) Has your child been fully vaccinated against COVID-19?

6) Is there anything else we should know about your child (i.e., new sibling, recent death in the family, etc.)?

# 2021/22 NEYM Youth Programs Permission Form

I hereby give my permission for my child \_\_\_\_\_ to participate in the New England Yearly Meeting of Friends programs under the supervision of the volunteer and paid staff. I am aware that participation in this activity involves certain risks and dangers. I understand that while at the NEYM Annual Sessions Youth Program, participants are expected to follow the rules and standards contained in the *NEYM Sessions Policy on Addressing At-Risk or Disruptive Behavior*. In addition, participants are expected to follow all instructions of volunteer and paid staff that are charged with their care. I hereby release and waive all claims against New England Yearly Meeting of Friends arising out of my child's failure to remain under the supervision and comply with the rules, standards, and instructions of New England Yearly Meeting of Friends.

The undersigned parent or guardian of \_\_\_\_\_, for their child, themselves and their heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against New England Yearly Meeting of Friends or its officers, agents, servants or employees, the undersigned parent or guardian will defend, indemnify, and hold harmless New England Yearly Meeting of Friends and its officers, agents, servants or employees from any and all claims or causes of action by my child or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of my child or my child present any claim against New England Yearly Meeting of Friends and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by New England Yearly Meeting of Friends and said persons.

The authority granted herein also includes the authority to consent to any emergency transportation, medical and/or dental treatment, and hospital care for my child, under the general supervision and/or upon the advice of, a licensed physician and/or surgeon, or by a licensed dentist. In a life threatening situation, every attempt will be made to contact both the child's parents and primary care physician as soon as possible. I give my full permission for the release and exchange of any Health Form information about my child or teen with program staff and consultants.

I do  I do not (*please check one*) give permission for NEYM to use photos of my child in NEYM publications in print and online. I understand that no names will be attached with any photos without my specific consent.

I have read and agree to the above conditions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_  
(Parent's/Legal Guardian's signature)

\_\_\_\_\_  
(Parent's/Legal Guardian's signature)

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## Young Friends Commitment Agreement (*Grades 9 through 12*)

I understand that attending a Young Friends event means I commit to participate fully in the program, to help form our community, to comply with Covid safety protocols as specified by program leaders, and to abstain from using alcohol/illegal drugs and being sexually intimate.

\_\_\_\_\_  
(Signature of Young Friend)