

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Home church _____

MEDICAL INSURANCE INFORMATION

Insurance Company _____

Address _____

City _____ State _____ Zip _____

Current Medication:

Past surgeries:

Allergies:

Circle any of these medical problems in your history:

Hayfever

Convulsions

Lung Problems

Bee Sting

Blood Pressure Problems

Ulcers

Fainting

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulpha Drugs Allergic Reaction

Penicillin Allergic Reaction

Cancer

Other illnesses: _____

COVENANT AGREEMENT
FOR WESTERN KENTUCKY PRESBYTERY
YOUTH EVENTS

EVENT AND DATE: _____

As a participant in a Western Kentucky Presbytery Youth Event, I realize that guidelines are set for my benefit and the benefit of the whole group.

I realize that as a part of the group, I am responsible to follow all guidelines. I will respect others, their property and the facilities we use.

I UNDERSTAND THAT ALCOHOLIC BEVERAGES, CIGARETTES, DRUGS, ABUSIVE LANGUAGE, INAPPROPRIATE SEXUAL ACTIVITY ARE ALL PROHIBITED AT ANY PRESBYTERY YOUTH EVENT.

I also understand that if I drink alcoholic beverages, smoke, use drugs, use abusive language, or engage in inappropriate sexual activity, my parents may be called to come and take me home.

I covenant (or promise) to treat others with the kindness and the respect with which I want to be treated. I will honor the guidelines. By doing so, I will be fulfilling my responsibility to make this event one of the best experiences ever ... for me, as well as the whole group.

I have read this covenant thoroughly and understand what is written.

Signature of Youth

Date

Signature of Parent/Guardian

Date

Phone # of Parent/Guardian:

(H) _____

(O) _____