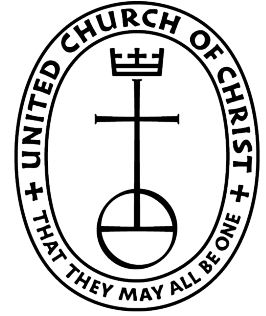


NEW YORK STATE YOUTH EVENT
NY CONFERENCE UNITED CHURCH OF CHRIST

Watson Homestead, Painted Post, NY

March 8-10, 2019



HEALTH FORM

Name: _____ Birth Date: _____ Phone: (____) ____ - _____

Complete Address

(Number and Street) (City) (State) (Zip)

Emergency Contact: Name: _____ Relationship _____

(Number and Street) (City) (State) (Zip)

Phone (Daytime): (____) ____ - _____ (Evening): (____) ____ - _____ Is Applicant
Subject to: Asthma Bronchitis Cardiac Condition Diabetic Epilepsy Headaches Sinus
Problem Other: _____

Medications (All medications must be in the original container):

Recommendations as to Physical Exertion: Heavy Moderate Limited

Restrictions: Swimming Diving

Insurance Information:

Insurance Carrier: _____ Policy Number: _____

Policy Holder's Name: _____ Relationship: _____ Doctor's Name:

_____ Phone: (____) ____ - _____ Complete Address:

(Number and Street) (City) (State) (Zip)

Parental Permission for Treatment:

I hereby authorize my daughter/son _____ to receive medical attention if necessary while a participant at the UCCNY State Youth Event. I authorize my child's youth advisor or any advisor over 21 years of age to act on my behalf in these matters.

Parent/Guardian Signature: _____ Date: _____