

# Grain of Wheat Church-Community Youth Registration/Information Form

**\* Parents/guardians are expected to review this form each September or for any overnight trip and update/change any required information and then sign-off that form is accurate for the current year/overnight trip. It is the responsibility of the Youth Connector to ensure parents/guardians receive this form each September.**

## Child(ren)/Youth Information:

1. Name of Child/Youth: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Cell phone (if child/youth has one) (\_\_\_\_) \_\_\_\_\_

Youth e-mail \_\_\_\_\_

2. Name of Child/Youth: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Cell phone (if child/youth has one) (\_\_\_\_) \_\_\_\_\_

Youth e-mail \_\_\_\_\_

3. Name of Child/Youth: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Cell phone (if child/youth has one) (\_\_\_\_) \_\_\_\_\_

Youth e-mail \_\_\_\_\_

## Parent/Guardian Information

1. Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (cell phone) \_\_\_\_\_ Other: \_\_\_\_\_

(name: \_\_\_\_\_)

Phone: (home) \_\_\_\_\_ (cell phone) \_\_\_\_\_ Other: \_\_\_\_\_

(name: \_\_\_\_\_)

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact:** (in the event parent/guardian cannot be reached)

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (cell phone) \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

**General Group Trip Form:**

I give permission for the child(ren)/youth listed above to accompany their church group on trips and events as planned by Grain of Wheat Church-Community throughout the school year. I understand I will be notified in advance of specific individual events/activities and will complete, sign and return specific permission forms for overnight trips. I understand that my child will be transported by an Approved Adult who has also completed the GOWC-C Driver's Contract and Driver's Agreement Forms.

**Parental review of the Safer Church Policy:**

I acknowledge that I have read/annually re-read and understood Grain of Wheat Church-Community's Safer Church Policy. I am aware that the GOWC-C youth mentoring is an exception to the GOWC-C Safer Church standard policy of needing two Approved Adults present for all activities with youth. I understand that it is expected that parents/guardians will be made aware of and approve of, planned youth/ mentor activities or one-to-one meetings with the Youth Connector.

**Annual Review of Grain of Wheat Church-Community Youth  
Registration/Information Form**

I understand that I am expected to review this form each September or for any overnight trip, update/change any required information and then sign-off that the form is accurate for the current year.

My annual signature below indicates that I have completed the parental review of the Safer Church Policy and my annual review of GoWC-C Youth Registration/Information Form Program.

*Parent/Guardian Printed name and signature/date:*

\_\_\_\_\_

**Medical Release Form**

*(To Be Completed **with** the Registration/Information Form)*

**1. Name(s) of Child(ren)/Youth:**

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**2. Name of Parent/Guardian:** \_\_\_\_\_

**Medical Release:** I, \_\_\_\_\_ (printed name of parent/guardian) give permission for any GOWC-C Approved Adult to treat \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ (printed name(s) of child(ren)/youth) for minor injuries. I give consent for any GOWC-C Approved Adult to take \_\_\_\_\_ for medical treatment without the necessity of notifying me first if delay would be dangerous to the health of my child. I understand that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child and/or a physician (if required) to exercise their best judgment as to diagnostic or treatment requirements.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Youth Medical Information Form

Youth Name: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Manitoba Health Registration Number #: \_\_\_\_\_

Manitoba Personal Identification Number #: \_\_\_\_\_

### Health History:

#### Check those that apply:

##### A) Allergies (Check those that apply)

1. Hay Fever \_\_\_ 2. Insect Stings \_\_\_ 3. Pollen \_\_\_  
4. Animals – specify: \_\_\_\_\_ 5. Plants – specify \_\_\_\_\_  
6. Medicine/Drugs – specify: \_\_\_\_\_  
7. Food- specify: \_\_\_\_\_  
8. Other Allergies, specify: \_\_\_\_\_

##### B) Known Health Conditions (Check those that apply)

- \_\_\_ Asthma \_\_\_ Convulsions \_\_\_ Diabetes \_\_\_ Ear Infections  
\_\_\_ Epilepsy \_\_\_ Heart Disease/Defects

##### C) Other Health Related Conditions

- \_\_\_ Nosebleeds \_\_\_ Wears Glasses \_\_\_ Fainting \_\_\_ Motion Sickness  
\_\_\_ Wears Contact Lenses \_\_\_ Sleep Walking \_\_\_ Menstrual Cramps  
\_\_\_ Hearing Impairment  
\_\_\_ Special Dietary Regimen \_\_\_\_\_  
\_\_\_ Other (specify) \_\_\_\_\_

I understand that I am expected to review this form each September, update/change any required information and sign-off that the form is accurate for the current year. My annual signature below indicates that I have reviewed and edited (as required) this form. I also understand that I am required to update and sign off on this form for **any** overnight trip.

Parent/Guardian Printed name and signature/date:

\_\_\_\_\_