

Thank you for applying to be a part of the Youth for Jesus team! Please note that this document is only for those who have received their notification of acceptance into the program.

Please print off and fill out completely the three page Medical Consent form. This form must be signed by both of your parents, and one of them must sign in the presence of a notary public. If you are over 18, your parents do not need to sign, but the form must otherwise be filled out completely. Mail the completed form to:

**ASI/YFJ,
Wilbur Atwood
435 Lifestyle Lane
Wildwood, GA 30757**

If you have any further questions, please don't hesitate to contact me.
Sincerely,

Wilbur Atwood
ASI Youth For Jesus Assistant Director
423-227-3404
wilburatwood@gmail.com

ASI Youth for Jesus Program Medical Consent Form

To be completed for each participant regardless of age

Name of Participant _____

Participant's Permanent Address _____

City _____ State _____ Zip Code _____

() Parents' () Legal Guardians' Name(s) _____ Work

Phone _____ Home Phone _____

Emergency Contact Person: Name _____ Phone _____

Age _____ Height _____ Weight _____

Sex: () Male () Female

Social Security Number: _____ - _____ - _____ Birthdate _____

Does the student live at home with parents? () Mother () Father

Does the student have coverage by accident or hospitalization policy? () Yes () No

List all Health Insurance numbers (including dependent # in B.C.) and name of insurer:

Medical coverage: _____

Hospital coverage: _____

Other coverage: _____

Past illnesses: (Please check all that apply)

() Measles () Scarlet Fever () Heart Disease () Asthma () Whooping Cough

() Diphtheria () Cholera () Polio () Chicken Pox () Epilepsy () Rheumatic Fever ()

Diabetes () Hay Fever

List any other serious illnesses, operations, or injuries and age when occurred:

Has the student ever had an allergic reaction to certain drugs (please specify)?

List any allergies the student may have

List any other items helpful in planning for the participant's health

If a physician feels it necessary, does he have permission to use antibiotics or other medication? () Yes () No Comments:

Does the student have any physical condition that would limit them in door-to-door or child-care activities? () No () Yes If yes, what?

Does the student take any medicine regularly? () No () Yes If yes, what?

Indicate chronic complaints such as colds, headaches, allergies, weaknesses, anemia, back trouble, eczema, excessive fatigue, hypoglycemia, etc.

Does the student's health require a special diet?
() Yes () No If yes, what? _____

Please initial the following statement(s):

____ We (I) understand that should it be necessary for this participant to return home due to medical or any other reason, the undersigned shall assume all transportation costs.

____ We (I) authorize our (my) child to ride in any vehicle designated by the adults in whose care he/she has been entrusted while at the ASI Youth For Jesus program. ____ We (I), the undersigned, parent(s) of the participant name above, do hereby authorize any member of the ASI Youth For Jesus Staff as our agents in case of sudden illness and/or stroke or injury, to consent to any x-ray or other examination deemed advisable by a duly licensed medical professional to be rendered at office of said physician or elsewhere. Consent is hereby granted by the undersigned to ASI Youth for Jesus to release all pertinent medical histories and physical findings to the aforementioned physician. In case of sickness or accident where an emergency operation, surgery, or treatment is advised by the physician, we give our permission and will be financially responsible.

_____ Signature of adult participant Date

_____ Signature of parent or legal guardian Date



ADVENTIST-LAYMEN'S
SERVICES & INDUSTRIES

Administrative Offices
12501 Old Columbia Pike
Silver Spring, MD 20904
Phone: 301-680-6450
Fax: 301-622-5017

www.asiministries.org

This form must be signed by a parent or legal guardian in the presence of a notary public.

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State of _____

County of _____

On _____, _____,
before me _____

Notary Public for the above-named county and state,
appeared _____ and _____ who is
(are) known to me or whose identity was proved with satisfactory
evidence to be the person(s) whose name(s) is (are) subscribed to this
instrument.

(seal) Signature _____

Notary Public Commission Expires:
