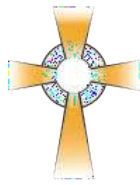


2024 VIM Youth Medical Form First Name:

Last Name:



Flemington Presbyterian Church

MEDICAL FORM FOR YOUTH (UNDER 18) VOLUNTEER

**2024 Volunteers-in-Mission Summer Service Program July 20 – 27, 2024 at Mission-at-the-Eastward (MATE) North New Portland, Maine
FLEMINGTON PRESBYTERIAN CHURCH
10 East Main Street, Flemington, NJ 08822
(908) 782-3227**

EMERGENCY MEDICAL INFORMATION: Part 1-Medical conditions and prescriptions. This information will be held in confidence, but may be necessary in an emergency. Please include dietary restrictions, allergies, reactions to medications, etc. Maine has a lot of wasps and we have had stings over the years, for instance. If your child is at risk of extreme reaction, the VIM Team must be informed and your child must

bring a supply of Epi-pens. Please describe any medical conditions that might affect your child while at VIM:

Please list any prescription medication your child will be taking while at VIM:

EMERGENCY MEDICAL INFORMATION: Part 2: Over the counter medication

We strongly discourage unsupervised use of over-the-counter medications. In the past, some teens have shared OTC medications. If the friend is also taking prescription medications, the combination can be dangerous. A list of OTC medications maintained on hand by the VIM coordinators is shown below. Parents must check the OTC medications that **their child can and cannot tolerate** and then initial this form.

Medication	OK	Not OK	Comments
Acetaminophen (Tylenol)			
Ibuprofen (Advil/Motrin/ etc.)			
Naproxen (Aleve)			
Antihistamines (Benadryl/ Zyrtec/etc.)			
Imodium A-D			

2024 VIM Youth Medical Form First Name: Last Name:

Medication	OK	Not OK	Comments
Kaopectate			
Milk of Magnesia			
Senakot			
Antacids (Rolaids/Tums)			
Dramamine			
Cortisone Ointment			
topical antibiotic creams			

ADDITIONAL ACKNOWLEDGEMENTS BY PARENT OR GUARDIAN:

1. I understand as the parent or guardian, it is my responsibility to notify the VIM Team prior to departure if there are changes in my child’s medication which occur after submitting this form.
2. I confirm that my child’s last tetanus shot was received _____ (must be within 10 years!).
3. I confirm that I HAVE READ AND ACCEPT the 6-page VIM Briefing Document and Activity Plan, and
4. I confirm that I have read all parts of this application and discussed appropriate parts, including the COVENANT on page 2, with my participating child.
5. On behalf of my child and my child’s successors, I hereby release Flemington Presbyterian Church (FPC) and its employees and agents from all claims and actions that I or my successors may have against FPC and its employees and agents arising out of my child’s involvement in the VIM Summer Service Program. I understand the consequences of this release, and assume full responsibility for my child’s participation in the VIM Summer Service Program.

_____ Parent/guardian signature _____ Date

Please list below your health insurance company & coverage ID number:

Company: _____ ID# _____

Family physician: _____ Phone # (_____) _____

PARENT OR GUARDIAN: IF YOU ARE NOT GOING ON THE VIM TRIP WITH YOUR SON OR DAUGHTER,

My son/daughter has my permission to participate in the 2024 VIM summer service program during the period July 20-27, 2024, under the sponsorship of the Flemington Presbyterian Church and the Mission-at-the-Eastward. In case of medical emergency, I understand that every reasonable effort will be made to contact me. In the event I cannot be reached promptly, I hereby give permission to the physician selected by the VIM team leader to hospitalize, secure treatment for, and to order necessary medication, anesthesia, or surgery for my child named on this application. I also understand that my personal insurance is the primary coverage for medical treatment in the event of any accident or cause for medical services.

Date: _____

(Signature of parent/guardian of applicant)