

**SAINT KATHERINE GREEK ORTHODOX CHURCH
YOUTH PROGRAM HEALTH/REGISTRATION FORM**

Receipt #	_____
Date	_____
Amount \$	_____
Check #	_____
Cash	_____
On-line	_____

Name _____ Birth Date _____ Grade _____
(GOYAn Last, First, Middle)

Home Address _____
(Street Address, City, State Zip)

GOYAN: E-Mail Address _____ Cell Phone _____

Custodial parent or guardian _____	Home Phone _____
Home Address _____	Cell Phone _____
E-Mail Address _____	

Second parent or guardian _____	Home Phone _____
Address _____	Cell Phone _____
E-Mail Address _____	

If not available in an emergency, notify _____

Relationship _____ Home phone _____ Cell Phone _____

INSURANCE INFORMATION	
Is the participant covered by family medical/hospital insurance? (Circle one)	YES NO
If yes, indicate carrier or plan name _____	Group # _____
Member ID _____	
<i>Photocopy of health insurance card (front and back) must be attached to this form.</i>	

HEALTH HISTORY

ALLERGIES (List all known.) **Describe reaction and management of the reaction.**

Medication allergies

_____	_____
_____	_____
_____	_____

Food allergies

_____	_____
_____	_____
_____	_____

Other allergies (insect stings, hay fever, asthma, etc.)

MEDICATIONS BEING TAKEN (Check one)

____ This person takes NO medications on a routine basis.

____ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional page for more medications.

ADDITIONAL INFORMATION

Please use this space to provide any additional information about the participant’s physical, emotional, or mental health about which Saint Katherine GOYA should be aware.

This health history is correct and complete, to the best of my knowledge. The person herein named has permission to engage in all Saint Katherine Youth Program activities except as noted.

I hereby give Saint Katherine Youth Program permission to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for Saint Katherine Youth Program to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that Saint Katherine Youth Program be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of Saint Katherine Youth Program be treated as “personal representatives” for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR 164.510(b)) to the disclosure to Saint Katherine Youth Program representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to Saint Katherine Youth Program representatives related to the person’s ability to participate in Saint Katherine Youth Program activities, and (ii) in the case of minors, to provide relevant information to the Saint Katherine Youth Program representatives to keep me informed of my child’s health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Saint Katherine Youth Program to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips away from Saint Katherine Greek Orthodox Church.

Signature of parent or guardian _____

Printed Name _____ Date _____

Please initial here (____) if we have your permission to share your email address with other GOYAns and/or parents.

Please return this completed form to Linda Moratis in person, by mail (Saint Katherine Greek Orthodox Church GOYA, c/o Linda Moratis, 3149 Glen Carlyn Road, Falls Church, VA 22041), or email

SaintKatherineGoya@aol.com