

TEEN ADVISORY COUNCIL HEALTH HISTORY

FOR TAC MEMBER, TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME _____ BIRTH DATE _____

AGE _____ GENDER: MALE FEMALE OTHER GENDER: _____

HOME ADDRESS _____
STREET & NUMBER CITY STATE ZIP

HOME PHONE _____ GRADE (FALL 2020) _____ SCHOOL _____

PARENT 1 NAME _____ CELL PHONE _____

PARENT 1 WORKPLACE _____ WORK PHONE _____

PARENT 1 EMAIL _____

PARENT 2 NAME _____ CELL PHONE _____

PARENT 2 WORKPLACE _____ WORK PHONE _____

PARENT2 EMAIL _____

PARENTS WHO LIVE SEPARATELY CAN USE THIS LINE TO PROVIDE THE INFORMATION FOR (CIRCLE): PARENT 1 PARENT 2

HOME ADDRESS _____
STREET & NUMBER CITY STATE ZIP

IN CASE OF AN EMERGENCY, NOTIFY (SOMEONE OTHER THAN PARENT) _____

HOME PHONE _____ CELL PHONE _____ RELATIONSHIP _____

OPERATIONS OR SERIOUS INJURIES (DATES) _____

DISABILITY OR CHRONIC OR RECURRING ILLNESS _____

ACTIVITIES ENCOURAGED OR LIMITED BY PHYSICIAN _____

DIETARY MODIFICATIONS/KNOWN ALLERGIES _____

CURRENT MEDICATIONS _____

NAME OF DENTIST/ORTHODONTIST _____ PHONE _____

NAME OF FAMILY PHYSICIAN _____ PHONE _____

DATE OF PHYSICAL EXAMINATION _____

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? YES NO

IF SO, INDICATE: CARRIER _____ POLICY OR GROUP NUMBER _____

ANY ADDITIONAL HEALTH RELATED INFORMATION _____

THIS HEALTH HISTORY IS CURRENT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED TEEN ADVISORY COUNCIL ACTIVITIES EXCEPT AS NOTED. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE PROGRAM MANAGER TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR MY SON OR DAUGHTER. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE PROGRAM MANAGER TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY SON OR DAUGHTER NAMED ABOVE. **EMERGENCY AUTHORIZATION VALID FROM AUGUST 2020 THROUGH MAY 2021.**

SIGNATURE OF PARENT OR GUARDIAN

I ALSO UNDERSTAND AND AGREE TO ABIDE WITH ANY RESTRICTIONS PLACED ON MY TEEN ADVISORY COUNCIL ACTIVITES.

SIGNATURE OF PARTICIPANT

TEEN ADVISORY COUNCIL LIABILITY & PHOTO RELEASE

I understand that Youth Resources of Southwestern Indiana, Inc., Vanderburgh 4-H Center, Evansville Vanderburgh School Corporation, Ivy Tech Community College, and First Federal Savings Bank cannot assume any liability for people attending these TAC events (TAC kick-off event and/or TAC events/meetings). I waive, release and discharge Youth Resources of Southwestern Indiana, Inc., Evansville Vanderburgh School Corporation, Ivy Tech Community College, First Federal Savings Bank and the kick-off event location from any and all claims of liability from my participation in these events (TAC kick-off event and/or TAC events/meetings). I also give permission for my picture to be used in any Youth Resources promotion.

APPLICANT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____



2020-21 TEEN ADVISORY COUNCIL CONTRACT

*I understand that my appointment to the Teen Advisory Council is not only an honor but also a **responsibility**. As a member, I will work toward achieving the Council's goals:*

- To identify problems teenagers are facing
- To suggest solutions to these problems
- To work toward solving these problems
- To represent a cross-section of diverse interests and activities
- To increase awareness of youth issues in the adult community
- To impact the adult community by showing that teens can be a source of solutions
- To gain leadership experience
- To be involved in meaningful community service projects
- To develop friendships and contacts from other area high schools
- To live a tobacco-, drug-, and alcohol-free life
- To complete my assigned requirements as listed in the TAC bylaws

In addition, I will attend all TAC trainings, meetings & special events, work on Council projects, serve on selected committees, and be a spokesperson for Youth Resources and its efforts to involve young people in meaningful community service, leadership development & civic experiences.

*Finally, I realize that if I have more than two absences from Council meetings during a semester and/or participate in fewer than the required community service hours, shadowing meetings and/or social events determined by the Council, **I will lose my eligibility to continue as a Council member** unless I am reinstated by the Teen Advisory Council's Executive Committee after completing the appeal process as set forth in the TAC bylaws.*

_____ **APPLICANT SIGNATURE**

_____ **DATE**

Parent/Guardian:

I have read the above contract and understand the commitment that is required by the above-signed student. I will support his/her efforts and will help him/her to fulfill this obligation in whatever capacity I am able.

_____ **PARENT/GUARDIAN SIGNATURE**

_____ **DATE**