

YOUTH GROUP MEDICAL RELEASE FORM

Name of Youth: _____ M/F _____
Birth date _____ Age _____ Grade _____ Baptized: Y / N _____
Address: _____
Town and Zip _____ Home Telephone #: _____

Mother's Name: _____
(or legal guardian)
Address: _____
Home # _____ Work # : _____ Cell #: _____

Father's Name: _____
(or legal guardian)
Address: _____
Home # _____ Work # : _____ Cell #: _____

EMERGENCY MEDICAL INFORMATION:

Medical Information on this form will only be used if medical treatment is needed. It will be used for no other purpose.

Date of Last Tetnus shot: _____

Medications currently being taken (prescribed and over-the counter – Important! Please list all!

Medications you cannot take: _____

Any allergies &/or special health problems or concerns: _____

Medical Insurance Information:

Company Name: _____	Policy #: _____
Phone: _____	Policy Holder's ID #: _____
Address: _____	Relationship to policyholder: _____
City, State, Zip: _____	

In an emergency, contact:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____
Cell Phone: _____	Cell Phone: _____

Physician Information

Physician name: _____
Telephone #: _____
Address: _____

Preferred Hospital: _____

Signature of parent or legal guardian: _____ Date: _____