

Youth Ministry Medical Information & Release Form 2016-17

*Deerhurst
Presbyterian
Church*

Student Information

Youth's Name _____ DOB _____ Sex _____
Address _____
email _____ Cell Phone _____

Parent/Guardian Information

Mother/Guardian #1's Name _____ Cell Phone _____
Father/Guardian #2's Name _____ Cell Phone _____
Additional Name/# to contact in the unlikely event of an emergency: _____

Are there any restrictions regarding who may pick up your child? Yes No

If Yes, please explain _____

Medical Insurance Information

Insurance Company _____ Phone _____
Street Address _____ Policy # _____
City _____ State _____ Zip _____ Group # _____

Doctor Information

Doctor's Name _____ Phone _____
Street Address _____ Emergency # _____
City _____ State _____ Zip _____

Medical Information

Special Health Conditions: (circle all that apply)

ADD/ADHD; Asthma; Convulsions/Seizures; Diabetes; Fainting; Heart Disease; Separation

Anxiety; Sun, Other: (specify) _____

List Medications and Dose Information: _____

List Allergies: (food, medicine, insect bites, etc.) _____

I hereby release Deerhurst Presbyterian Church, its staff and volunteer leaders of all liability related to injuries sustained by my son or daughter during this trip/event. I also grant permission for Richard Lash or another Deerhurst adult leader to authorize any emergency medical treatment that may be needed for my child if he/she is injured or becomes ill while attending this trip/event and if I/we can't be reached. I realize that the health information described above will be kept in confidence. However, I give my permission for it to be shared with any Deerhurst adult on a trip/event on a need to know basis.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____