



Trinity Presbyterian Church Youth Medical Information Form 2009-2010

Youth's Name _____ Birthdate _____

Insurance Policy Name _____ # _____

Policy Holder's Name _____

Employer (if group plan) _____

Insurance Phone # _____ Date of most recent Tetanus shot _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Hospital Preference _____

Current Medications & Schedule _____

Known allergies _____

Special Dietary needs _____

Please list any special or medical needs that we should be made aware of _____

Circle if you have a history with these medical problems:

- | | | |
|----------------------|---|----------------|
| Hay fever | Blood Pressure Problem | Kidney Problem |
| Convulsions | Ulcers | Asthma |
| Lung Problem | Fainting | Diabetes |
| Bee Sting reaction | Cancer | Heart Disease |
| Food allergies _____ | Sulpha drug or Penicillin allergic reaction | |

Other pertinent medical history: _____



Trinity Presbyterian Church Youth Event Medical Release Form 2009-2010

Youth's name for which the following statements are made: _____

Permission, Medical and Liability Release Statement

I give my permission for my son / daughter to participate in **any local and/or out of town events on any date** with Trinity Presbyterian Church Youth Ministry.

- I understand that this activity may involve risk of personal injury and/or property damage, or loss of person or property. And, I hereby waive and release all claims or rights against Trinity Presbyterian Church, it's officers, directors, coordinators, adult advisors, and all owners of equipment which may be used in this event for any and all injury, damage or loss of person or property incurred during this event.
- I understand that all participants are expected to conduct themselves in an appropriate manner and to obey the adult chaperones.
- I understand that I will be contacted as soon as possible concerning any medical or behavioral problem with my youth.
- I give my permission for, and will accept financial responsibility for, the adult chaperones to act in my behalf in the event of a medical emergency for my son/daughter.
- I have reviewed the information that is on the Parent / Guardian Information Form and the Medical Information Form, and they are correct to the best of my knowledge.

Parent/Guardian signature

Date

Parent Contact Information:

Parent or Guardian Names _____

Address _____

Phone # (home) _____ (work) _____

Phone # (cell) _____ E-mail _____

Emergency Contact Info (if parent is not available):

Name _____

Address _____

Phone # (home) _____ (work) _____

Relationship _____ (cell) _____

This document was created with Win2PDF available at <http://www.daneprairie.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.