

SICKLERVILLE UNITED METHODIST CHURCH YOUTH MEDICAL RELEASE FORM

Youth Name _____ Date of birth _____

Home Address _____
Street City Zip

Grade _____ Home Phone # _____ Cell # _____

Parent/Guardian: _____

Home Address: _____

Home Phone # _____ Cell # _____

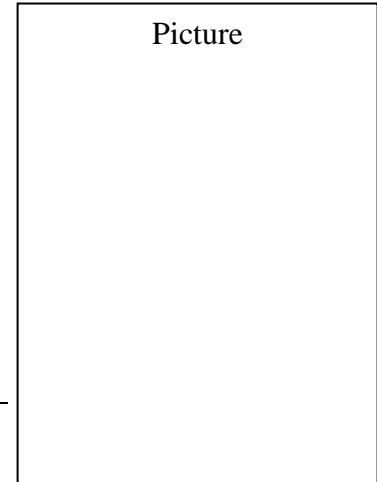
Work Address: _____ Work # _____

Second Parent/Guardian or Emergency Contact: _____

Relation: _____

Home Address: _____ Home Phone # _____

Work Address: _____ Work Phone # _____



Please supply the following information as it applies

Do you carry medical/hospital insurance? _____ Yes _____ No Insurance Company: _____

Policy # _____ Group # _____

Name of Primary Insurance Card Holder: _____

Primary insured birth date: _____ (Please attach a copy of your insurance card to this form)

Dietary Restrictions: _____

Current Medications: (Please supply instructions) _____

Please list any specific medical problems or allergies, or any other concerns that we should be aware of:

Allergies: _____ Date of last tetanus shot: _____

Name of family physician: _____ Phone # _____

Address: _____

Name of dentist/orthodontist _____ Phone # _____

Address: _____

I authorize the administration of over the counter drugs by the adult leadership. _____ (Initial here)

I authorize the use of first aid and/or CPR by a trained person in the case of emergency. _____ (Initial here)

As a parent and/or guardian of the above mentioned minor, I authorize treatment by a qualified and licensed doctor and/or other health care provider in the event of a medical emergency which, in the opinion of the attending practitioner, may endanger the child's life, cause disfigurement or undue pain and discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me or other emergency contacts as listed above. This release is signed for the sole purpose of authorizing emergency medical treatment in my absence.

Signature of Parent/Guardian

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20____

Notary Public of New Jersey