

Youth's Name _____

MEDICAL INFORMATION AND RELEASE FORM

This form contains medical information and emergency treatment information for: _____.
This form is also a release from liability for Columbine United Church, its' staff and sponsors.

In the event of a medical emergency, I hereby authorize an adult leader of this activity, as an agent for me, to authorize medical treatment as necessary for any injuries or illness incurred during this activity. I understand that I will be contacted at the earliest possible convenience.

Signature of Parent or Guardian: _____ Date _____

Please provide general information for medical and staff personnel

YOUTH INFORMATION:

Name _____ SS# _____ Birth date _____
Address _____ City/State _____ Zip _____

PARENT/GUARDIAN INFORMATION

First Name _____ Middle Initial _____ Last Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
First Name _____ Middle Initial _____ Last Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

FAMILY PHYSICIAN _____ Phone _____

INSURANCE INFORMATION

Primary Name _____
Policy # _____ Group# _____

Secondary Name _____
Policy # _____ Group# _____

Please list of all current or past medical conditions, allergies, illness and medications for these conditions:

History: Does your child have a history of the following? Check if yes
Allergies _____ Bronchitis _____ Diabetes _____ Hay Fever _____
Asthma _____ Convulsions _____ Fainting Spells _____ Migraine Headaches _____

PLEASE LIST ALL ALLERGIES TO MEDICATIONS AND/OR FOODS:

MEDICATIONS:

Condition	medication	dose	frequency

Please use the back of this form to list other medical or health information that might be helpful in an emergency.
Thank you for taking time to fill out this information sheet. This information will be kept confidential among leadership and will help insure your child will have a safe and enjoyable activity.