



YOUTH MEDICAL INFORMATION AND RELEASE FORM

(Must be completed, signed and notarized to be valid.)

Youth Name _____

Youth Home # _____ Youth Cell # _____

Street Address _____

City _____ State _____ Zip Code _____

Birth date _____ Age ____ Grade ____ Graduate class of 20____
MM / DD / YY

Mother's Name _____ Mother's Employer _____
Phone # home _____ work _____ cell _____
E-mail _____

Father's Name _____ Father's Employer _____
Phone # home _____ work _____ cell _____
E-mail _____

Emergency Contact Person other than parent (adult 18 or older):

Phone # home _____ work _____ cell _____

Doctor's Name _____ Phone # _____

Date of last tetanus shot _____ Allergies (environmental and/or food)

Medical history/health problems/concerns (diabetes; epilepsy; heart murmur; etc.)

Medication (OTC or prescription) you **CANNOT** take _____

Medication (OTC or prescription) you **REGULARLY** take _____

Insured by _____

ID # _____

Insured's Name _____

Verification Phone # _____

Group # _____

Insured's DOB _____

(DO NOT SIGN below until you are in the presence of a notary public.)

WAIVER OF RESPONSIBILITY

I, the undersigned, as parent or legal guardian of _____, a minor, release and discharge Custer Road United Methodist Church, its agents, employees, and any and all persons concerned therewith from any and all liability, claims and causes of action of any type whatsoever arising out of or in any way connected with said minor's participation in the activities of Custer Road United Methodist Church.

Signed _____ Relation to youth _____

MEDICAL RELEASE

I hereby give permission for _____ to be treated by authorized, licensed, medical personnel as a result of an accident or medical emergency while involved in the activities of Custer Road United Methodist Church.

Signed _____ Relation to youth _____

(For Notary Use only - Do not complete)

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that s/he exacted the name for the purpose therein expressed.

Subscribed and sworn before me this _____ day of _____, 20____.

S E A L _____ Notary Public in and for _____ (County), _____ (State)