

Christ United Church of Christ
Medical Release Form 2015-16

Name of youth _____ Sex _____ Date of birth _____

Names of parents or guardians to contact in an emergency _____

Address _____ City _____ State _____ Zip _____

Home telephone _____ Work _____

Cell Phone _____ E-Mail _____

Name of nearest relative to contact not at above address _____

Address _____ City _____ State _____ Zip _____

Home telephone _____ Work _____

Cell phone _____

Allergies (please list all and reaction) _____ Date of last tetanus shot _____

Environment _____

Insect _____

Medicine _____

Food _____

Medications taken regularly AND use _____

Health insurance company _____ Policy # _____

In whose name is the policy? _____ Youth carries an insurance card? Y N

Other comments about your child's health _____

In case of emergency, I understand that every effort will be made to contact me. However, if I am not available, I authorize the following people to give permission for medical treatment or sign any form in my absence. (Please name specific people)

This permission form is effective until August 31, 2016.

SIGNED _____ DATE _____

SIGNED _____ DATE _____