

Central Presbyterian Youth Ministry

Medical Release Form/ Permission to Treat

Name: _____
Birthdate: ___ / ___ / ___ Age: ___ Sex (M/F): ___
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Secondary contact to notify in event of emergency: _____
Their relationship to you: _____ Their phone: (____) _____
Please supply ALL of the following information.

Please attach a copy of your insurance card.

Medical Insurance Co.: _____ Group# _____ Policy#: _____
Company's address: _____ Company's Phone: (____) _____
City: _____ State: _____ Zip: _____
Family Physician's Name: _____ Phone: (____) _____
Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you
(Prescription meds MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization

I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Participant

Date

Signature of Parent/Guardian
(if participant under the age of 19)

Date