

The Journey Take the First Step

2009-2010 MEDICAL RELEASE FORM

YOUTH MEMBER NAME: _____.

BIRTH DATE: _____. MALE: _____. FEMALE: _____.

HOME ADDRESS: _____.

CITY/STATE/ZIP: _____.

HOME PHONE: _____. CELL PHONE: _____.

I hereby authorize any youth director, youth leader, or leader at Elkins Park Presbyterian Church to obtain emergency medical treatment for my child at any time during any youth activity. I understand that an attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant.

Name & Address of Insurance Company: _____
_____.

Policy number: _____.

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant? If so, please specify: _____

_____.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Date of last tetanus shot: _____

Please list any special medical/health information (including medication & allergies) concerning youth member listed

_____.

(signature of parent/guardian) (date)