

Christ United Church of Christ
Medical Release Form 2009-10

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, 2010.

SIGNED _____ DATE _____

SIGNED _____ DATE _____