



# NORTHMINSTER PRESBYTERIAN CHURCH

2400 Old Alabama Road · Roswell, GA 30076 · Tel. (770) 998-1482

## Youth Ministry Medical Information and Release Form

### STUDENT INFORMATION

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Policy # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Group # \_\_\_\_\_

### DOCTOR INFORMATION

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Emergency # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Provider ID # \_\_\_\_\_

### MEDICAL INFORMATION

**Special Health Conditions:** (circle all that apply)

ADD/ADHD

Diabetes

Convulsions/Seizures

Other: (specify)

Asthma

Fainting

Heart Disease

**List Medications and Dose Information:**

**List Allergies:** (food, medicine, insect bites, etc.)

I hereby release **Northminster Presbyterian Church, its staff and volunteer leaders** of all liability related to injuries sustained by my son or daughter during this trip/event. I also grant permission for an adult leader to authorize any emergency medical treatment that may be needed for my child if he/she is injured or becomes ill while attending this trip/event. I realize that the health information described above will be kept in confidence. However, I give my permission for it to be shared with any adult in charge of a trip/event on a need to know basis as determined by the youth leader.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_