

# Peace Presbyterian Church Youth Medical Release Form (version 11)

Youth name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Best way to reach mom/dad \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Health problems/concerns \_\_\_\_\_

Any surgeries within the last 2 years \_\_\_\_\_

Immunizations (give current **dates**):

\_\_\_\_ Tetanus      \_\_\_\_ Polio

\_\_\_\_ MMR      \_\_\_\_ DPT Series

Doctor's name \_\_\_\_\_

Address \_\_\_\_\_

Office phone number \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

This is to indicate that as the parent or guardian of \_\_\_\_\_, I hereby authorize the staff and chaperones of Peace Presbyterian Student Ministries to act for me according to their best judgment in any emergency requiring medical attention for my child. I acknowledge that all the medical information given is accurate and up to date.

Signed \_\_\_\_\_ Date \_\_\_\_\_