Peace Presbyterian Church
Youth Medical Release Form (version 12)

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 _____