

Medical Release Form

Youth Information:

Name: \_\_\_\_\_  
Last Middle First

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Family/Legal Guardian Information:

Father's (Legal Guardian) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's (Legal Guardian) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Information:

Medical Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Group Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Medical Ins. Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Primary Physician Phone: \_\_\_\_\_

Primary Dentist: \_\_\_\_\_ Primary Dentist Phone: \_\_\_\_\_



**Medical History:** List and explain any major illnesses, disabilities, conditions, allergies, or medical limitations that we should be made aware of:

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**Medical Release:** I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signatures: \_\_\_\_\_ Date: \_\_\_\_\_

I/We give consent for our child to attend all the yearly functions with GYG, and will contact the Church immediately if any changes are made to his/her medical history or medical / insurance information.

Parent/guardian signatures: \_\_\_\_\_ Date: \_\_\_\_\_

