

Youth in Action - '10

MEDICAL HISTORY/RELEASE FORM

Name _____ Age _____ Date of Birth _____
Address _____ City _____ State _____ ZIP _____
Family physician _____ Phone (____) _____
Family insurance company _____ Policy # _____
Mother's phone _____ Father's phone _____

IMMUNIZATIONS: _____ tetanus _____ polio booster _____ measles _____ mumps

PAST MEDICAL HISTORY (Check box to give appropriate information.)

_____ asthma _____ sinusitis _____ bronchitis _____ kidney trouble _____ diabetes
_____ heart trouble _____ dizziness _____ stomach upset _____ hay fever _____ other
_____ chickenpox _____ measles _____ mumps _____ whooping cough

List other: _____

ALLERGIES:

Food _____
Penicillin or other drug (name) _____
Insect stings/bites _____
Previous operations or serious illness _____
Any current medications (list): _____

PERMISSION TO GIVE:

Tylenol _____ ibuprophen _____ benedryl _____ Signature: _____

PERSON AUTHORIZED TO PICK UP CHILD IF OTHER THAN PARENT:

Name: _____ Phone: _____

PARENT EMERGENCY NUMBERS FOR DAYTIME:

Name: _____ Phone: _____
Name: _____ Phone: _____

PERMISSION FOR TREATMENT

I, the undersigned Parents/Guardians, hereby authorize our son/daughter to attend the Youth in Action Camp. In event of an emergency we understand every effort will be made to contact us. If we cannot be reached, we give permission to the physician selected by the Staff, to secure proper treatment for our child.

_____ Signature _____ Date

I understand that, where no injuries are expected, the possibility always exists in this type of play that an injury may occur. Therefore, I release New Life Presbyterian Church and its agents or employees from any claims I may have as a result of my child being injured.

_____ Signature _____ Date