

University Baptist Church Youth Participant/Medical Release Form

Event Name: _____

Dates: _____

Youth's Name: _____ Date of Birth: _____

Address: _____ City: _____, NC Zip: _____

Name of Parents/Guardians: _____

Home Ph#: _____ Cell #: _____

Emergency Contact (if parent unreachable): _____ Ph#: _____

Medical Info

List any medical conditions for which your youth is already being treated: _____

List any prescriptions your youth is currently taking: _____

List any allergies to foods or medications: _____

Date of last Tetanus Shot: _____

Family Physician: _____ Ph#: _____

Insurance Co: _____ Policy #: _____

Subscriber Name: _____ Subscriber #: _____

Permission for Participation and Medical Treatment

I give permission for my youth to participate in the above event. If emergency medical attention is required, I give my permission to the church staff and adult volunteers to obtain the services of a licensed physician. I understand that I will be notified as soon as possible concerning any such emergency.

Signature of parent or Guardian

Date