

Medical Release Form – General

To be completed by all youth and adult participants of ministry outreach.
Youth Group Coordinators, please keep originals with your files during trip.

Name:

Last

First

Age: _____ Date of Birth: ___/___/___ School Grade in Spring/year of event: _____

Gender: []F []M []Trans* (*If not out, please check the gender you usually present) Email: _____

Cell Phone: _____

Home Church: _____ Church City: _____

Primary Emergency Contact for youth (Parent/Guardian); for adults (Spouse/Partner/Family/Friend):

Name: _____

Cell number: _____ Home/other contact number(s): _____

Other Emergency Contact: Name: _____ Relationship: _____

Cell number(s): _____ Other contact number(s): _____

Health Insurance Company: _____ Policy #: _____

Group #: _____ Name of Policy Holder: _____

Doctor's Name: _____ Telephone: _____

Current medications: List name, dosage, frequency. (if needed use additional sheet)

For Parents/Legal Guardian: [] Youth may self-administer above medications.

[] Group Coordinator or designated chaperone may assist as needed.

Permission is [] or is not [] granted [**check one**] for this youth to receive OTC medications from trip coordinator as needed. **Parent/Legal Guardian initials:** _____

Health History: List all conditions, including but not limited to allergies, sleepwalking, convulsions, diabetes, mononucleosis, epilepsy, mobility issues, emotional problems or hyperactivity, fatigue, headaches, dizziness. Please indicate how long since last occurrence of problem. Use additional paper if necessary.

By signing this form I verify that the health/medical and insurance information provided on this form is true, accurate and complete. In case of medical emergency, I give permission to the physician(s) selected by my/my youth's group coordinator to secure proper medical treatment for the participant named on this form. I agree to pay additional costs that arise from such medical treatment if not covered by insurance.

Signature of Parent/Legal Guardian (for youth); or Adult Participant: _____

IMPORTANT INSTRUCTIONS

A copy of this medical release form should be kept by the group coordinator for youth. Adults are responsible for keeping a copy of these records on their person.

ADDITIONALLY

Please **email** *one* PDF copy to youth@ucc.org.
(* along with *one* copy of all Covenants and Medical Release Form)

Staff Liaison: 216-736-3871

THANK YOU!