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: __________________________________________

Jan ’16
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!