



Tewksbury Congregational Church

Medical Release Form

(Please print)

Name of Youth: _____

Date of Birth: _____

Address: _____

Town: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Address (if different from youth): _____

Town: _____ State: _____ Zip: _____

Phone Number:

Home: _____ Work: _____

Emergency Contact Person:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone Number:

Home: _____ Work: _____

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company: _____

Policy Number: _____

Group Number: _____

In whose name is the insurance? _____

Family Doctor: _____ Phone number: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at any activity.

Health History:

Circle and explain any pre-existing or present medical conditions: (i.e.)

Diabetes, asthma, motion sickness, physical disability, frequent colds, emotional/behavioral disability, sleep disturbances, stomach aches, seizure disorders, appliances (contact lenses, retainers, etc.)

Name, dosage, and frequency of any medications that must be taken:

If your child should require medical attentions for injuries received or illnesses contracted before any activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

I understand that in the event, medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activities shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Tewksbury Congregational Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the Tewksbury Congregational Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Tewksbury Congregational Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____

Date: _____

Signature of student (if over 18 years of age)

****** Completed forms should be returned to respective Youth Group Leaders and kept on file with Safe Church Advocate***