

# MEDICAL RELEASE AND TRIP FORM 2010

Youth Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Complete Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Youth Lives with (Circle) Father Mother Both Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Legal Guardian's email: \_\_\_\_\_

Student's email \_\_\_\_\_

Preferred means of communication \_\_\_\_\_

Other Contact Person \_\_\_\_\_ (Circle) Family Friend

Other Contact Person's Phone # \_\_\_\_\_

I, the undersigned, parent or legal guardian of (student's name) \_\_\_\_\_

do hereby give consent to any emergency medical, dental, or surgical treatment that Pennway Youth Group Pastor's and/ or Counselor's from Pennway Church of God, 1101 E. Cavanaugh, Lansing, Michigan, may deem necessary while participating in and traveling to and from any youth group activities, community involvement etc. during the fiscal year of 2010.

(It is understood that every conceivable effort will be made to contact the parent or legal guardian of the youth before treatment is given)

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Information:

Date of last tetanus injection: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Disorders: \_\_\_\_\_

Medication needed and times to given \_\_\_\_\_

Medication side effects \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Insurance Information:

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name \_\_\_\_\_

Other Insurance Company Info. \_\_\_\_\_

(Please include any pertinent information on the back...sleep disorders, phobia's etc.)

Parent