

Memorial Drive United Methodist HEALTH FORM

Youth Name _____ (cell) _____ Birthdate ____ / ____ / ____

Mother's Name _____ (cell) _____

Father's Name _____ (cell) _____

Emergency Contact

Name/Phone/Relationship _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Allergies _____

List all prescriptions taken on a regular basis, dosage, and how often taken: _____

Date of last tetanus shot _____

Does youth have any health problems or chronic medical conditions? _____

Any physical restrictions? _____

Health Insurance Information

Employee Name _____ Employee Social Security # _____

Employer/Group Name _____

Group Number _____ Co-Pay Amount _____

Insurance Company _____

Phone # of Insurance Company _____

If no hospital insurance; person responsible for payment: _____

I hereby give my permission for my youth _____, to travel to and from and participate in Youth Guys Group Enchanted Rock Trip, November 11 – 13, 2016. I understand that my youth will be transported to and from these activities by vehicles operated by individuals who are willing to support our youth program. I understand that only general adult supervision of the youth can be given. I agree to release Memorial Drive United Methodist Church, its volunteers and staff from any liability for my youth while these activities are in progress, including transportation to and from the site. In the event of an emergency in which medical treatment for my youth is necessary and neither parent can be contacted immediately, I hereby authorize any hospital or physician to implement such treatment as may in their opinion be necessary.

I agree to assume all financial responsibility for said treatment. Please indicate any medical history you feel necessary for emergency purposes.

Parent/Guardian

Signature _____ Date _____