

Decatur Presbyterian Church
YOUTH MEDICAL RELEASE FORM

(Please print information. Please include a copy of your insurance card. Thank you!)

Youth Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

In the case of an emergency, I authorize Decatur Presbyterian Leadership to give permission for medical treatment. Please reach me at the following phone numbers:

Day: _____ Evening: _____ Cell: _____

Signature of parent/guardian

Date

Medical Insurance Information

Insurance Company: _____

Address: _____

City: _____ State: _____ Zip _____

Policy Number: _____ Group/ID Number: _____

Insured Name: _____

Address: _____

City: _____ State: _____ Zip _____

Current medications taken: _____

List surgeries: _____

List Allergies: _____

Circle any if you have had a history with these medical problems

- | | | |
|------------------------|---------------|--------------------------------|
| Asthma | Convulsions | Kidney Problem |
| Bee Sting | Fainting | Lung Problem |
| Blood Pressure Problem | Hay Fever | Penicillin Allergic Reaction |
| Cancer | Heart Disease | Sulpha Drugs Allergic Reaction |
| Other: _____ | | Ulcers |