

Oak Forest United Methodist Church Youth  
**PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE**

*This form is valid through August 31, 2019*

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ Gender (circle) Male Female  
First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_  
Nickname \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:**

+Medical information on this form will only be used if medical treatment is needed. It will be used for no other purpose.

Social Security # \_\_\_\_\_ (optional)

Medication(s) you currently take (*prescribed & over-the-counter*)  
\_\_\_\_\_

I \_\_\_do / \_\_\_do not authorize adult leaders to dispense over-the-counter medications (such as Tylenol, Advil, Benadryl, etc) to my child/youth during church events/trips

Medication(s) you **CANNOT** take \_\_\_\_\_

Any allergies &/or special health problems/concerns \_\_\_\_\_

***Physician information:***

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

***Medical insurance information:***

*\*\*Please attach a copy of both sides of your medical insurance card\*\**

Company name \_\_\_\_\_ Policy # \_\_\_\_\_

Phone \_\_\_\_\_ Policy Holder's ID# \_\_\_\_\_

Address \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***In an emergency, please contact:***

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Please see reverse side for additional information*

