Medical Release Form

This form is to be filled out in blue or black ink by the youth's parent/legal guardian.

Youth's Name _____

Date of Birth _____ **Gender**_____

Complete Home Address _____

City _____ **State**_____ **Zip** _____

Home Phone ( ) _____ - _____

Cell Phone ( ) _____ - _____

Youth lives with (circle) Father Mother Both Other

Parent or Guardian's Name/s: _____

I, the undersigned, parent or legal guardian of _____, do hereby give consent to any emergency medical, dental or surgical treatment that any adult group leader my deem necessary while participating in the upcoming event sponsored by and led by Covenant Student Minsitries

Parent/Guardian Signature:_____ Date:_____

Medical Information

Health Insurance Company _____

Policy Number _____

Insured's Name _____

Allergies or Conditions _____

If you have the ability to do so… Please place a front and back copy of Insurance card here (or attach a separate page)	If you have the ability to do so… Please place a front and back copy of Insurance card here (or attach a separate page)

*Please note that all conceivable efforts will be made to contact the parent or legal guardian of the child before treatment is given