

Eliot Unitarian Chapel: Senior High Youth Group Medical Release Form

Youth Name _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Parent(s)/Guardian(s) Names

Parent(s)/Guardian(s) Address (if different than above)

Parent(s)/Guardian(s) Primary Phone: _____

Parent(s)/Guardian(s) Alternate Phone: _____

Contact people in case of emergency and parents/guardians can't be reached:

1. Contact Name _____ Relationship _____ Phone _____

2. Contact Name _____ Relationship _____ Phone _____

Insurance Information

Name of health insurance carrier (N/A if uninsured):

Policy #: _____ Effective Date: _____

Physician's Name: _____ Physician's Phone: _____

Date of last Tetanus shot: _____

Youth Medical History

Drug allergies or medication information we should be aware of:

Other allergies or medical concerns which we should consider:

Any diagnoses, needs, or additional information about your youth which would be helpful for the youth staff to consider, or be aware of (these will be shared only with those who need to know):

Medical Permission Waiver

I give permission for (name of youth) _____ to receive any needed medical care and treatment required in my absence. In the event of an emergency, I understand that the adult youth group leaders will try to contact me as soon as possible and will do their best to ensure the safety and health of my youth. I understand I will be responsible for the payment of any expenses not covered by my insurance.

In the event that I, the custodial parent or guardian, cannot be reached in an emergency, I hereby give permission to the physician selected by the chapel to secure and administer treatment including hospitalization for the student named in this application. I agree to the release of any records necessary for insurance purposes.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Date: _____

**This form was updated on August 2, 2018 and is based on the sample form provided by the UUA MidAmerica Region.*