



**Westside Christian Church Youth Group  
MEDICAL INFORMATION & LIABILITY RELEASE**

**Please print and complete all areas.**

Name of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_  
*First Last*

Address \_\_\_\_\_  
*Street City State Zip*

Male \_\_\_ Female \_\_\_ Grade \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBERS:**

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Name \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

Parent/Guardian's Insurance Group Name \_\_\_\_\_

Insurance Group Policy Number \_\_\_\_\_

**MEDICAL INFORMATION:**

- Family physician's Name \_\_\_\_\_ Phone \_\_\_\_\_
- Date of last tetanus shot: \_\_\_\_\_
- Allergies, conditions, dietary restriction, special needs, or any other medical concerns of which we should be aware:  
Food \_\_\_\_\_ Drug \_\_\_\_\_  
Animal \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- My child requires the following medicine: \_\_\_\_\_ Frequency \_\_\_\_\_
- My child has permission to be given Tylenol or Ibuprofen if they request it.  
\_\_\_\_ Yes \_\_\_ No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Westside Christian Church and all staff and volunteers.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**