

Emergency Medical Form

To be completed by all youth and adult participants of ministry outreach.

Youth Group Coordinators, please keep originals with your files during trip.

Name: _____

Last

First

Middle Initial

Age: _____ Date of Birth: _____

Last Grade Completed _____ Gender: _____

Email: _____

Cell Phone: _____

Home Church: _____ Church City and State: _____

Emergency Contact Name: _____ Relationship: _____

Cell number: _____ Home/other contact number(s): _____

Other Emergency Contact Name: _____ Relationship: _____

Cell number: _____ Other contact number(s): _____

Health Insurance Company: _____ Policy #: _____

Group #: _____ Name of Policy Holder: _____

Doctor's Name: _____ Telephone: _____

Current medications: List name, dosage, frequency. (if needed use additional sheet)

For Parents/Legal Guardian: ☐ Youth may self-administer above medications.

☐ Group Coordinator or designated chaperone may assist as needed.

Permission is ☐ or is not ☐ granted [**check one**] for this youth to receive OTC medications from trip coordinator as needed. **Parent/Legal Guardian initials:** _____

Health History: List all conditions, including but not limited to allergies, sleepwalking, convulsions, diabetes, mononucleosis, epilepsy, mobility issues, emotional problems or hyperactivity, fatigue, headaches, dizziness. Please indicate how long since the last occurrence of problem. Use additional paper if necessary.

Have you been vaccinated against Covid-19? If so, please list dates of any immunizations. _____

By signing this form, I verify that the health/medical and insurance information provided on this form is true, accurate and complete. In case of medical emergency, I give permission to the physician(s) selected by my/my youth's group coordinator to secure proper medical treatment for the participant named on this form. I agree to pay additional costs that arise from such medical treatment if not covered by insurance.

Parent/Adult Name

Signature

Date

IMPORTANT INSTRUCTIONS

A copy of this medical release form should be kept by the group coordinator for youth. Adults are responsible for keeping a copy of these records on their person.

ADDITIONALLY

Please email one PDF copy generalsynodyouth@ucc.org

THANK YOU!