

MEDICAL RELEASE AND TRIP FORM 2016

Youth Name _____ Birthdate _____

Complete Home Address _____

City/State _____ Zip _____

Home Phone: _____ Cellphone: _____

Youth Lives with (Circle) Father Mother Both Other: _____

Father's Name: _____ Phone # _____

Mother's Name: _____ Phone # _____

Legal Guardian's Name: _____ Phone # _____

Other Contact Person _____ (Circle) Family Friend

Other Contact Person's Phone # _____

I, the undersigned, parent or legal guardian of (student's name) _____

do hereby give consent to any emergency medical, dental, or surgical treatment that Pennway Youth Group Pastor's and/ or Counselor's from Pennway Church of God, 1101 E. Cavanaugh, Lansing, Michigan, may deem necessary while participating in and traveling to and from any youth group activities, community involvement etc. during the fiscal year of 2016.

(It is understood that every conceivable effort will be made to contact the parent or legal guardian of the youth before treatment is given)

Parent or Legal Guardian Signature: _____

Date: _____

I give my permission to allow Pennway Church of God to take/use photographs of my child.

OVER

Medical Information:

Date of last tetanus injection: _____

Allergies: _____

Medical Disorders: _____

Medication needed and times to given _____

Medication side effects _____

Doctor's Name _____

Doctor's Phone # _____

Doctor's Address _____

Insurance Information:

Health Insurance Company: _____

Policy Number: _____ Group # _____

Insured's Name _____

Other Insurance Company Info. _____

(Please include any pertinent information here... sleep disorders, phobia's etc.)