

2009 Youth Medical Release Form

This information is collected once per year to help us better serve the youth and their families at Emma's Grove Baptist Church.

Name _____ Sex _____ Age _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Night Phone _____ Cell/Pager _____

Parents Name _____

Insurance Company _____

Policy Number _____

Insurance Card Holder _____

Medical Conditions _____

Allergies _____

Medications Youth is on _____

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I give the adult leader of the youth activity of Emma's Grove Baptist Church permission to act on my behalf to consent to any medical treatment deemed necessary. I have read and understand the above document. In signing this document I hereby release Emma's Grove Baptist Church from any and all liability for personal injury or damage to property and accept financial responsibility should disciplinary action require my youth to return early from an activity.

Signed _____