

Come2Go Ministries
YOUTH MEDICAL RELEASE FORM

Name _____

Address _____

City/State/Zip _____

Birthday _____ Age _____

Parent/Guardian Name _____

Address _____
(if different from above)

City/State/Zip _____

Employed by _____

Daytime Phone (_____) _____ Evening/Night Phone (_____) _____

Are you currently taking medicine or treatment? Yes No
If yes, explain _____

Have you been restricted from sports or swimming for any reason? Yes No
If yes, explain _____

Date of last Tetanus Immunization: Month _____ Year _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? Yes No
If yes, explain _____

- Do you have:
- Sinus Trouble
 - Hay Fever
 - Heart Trouble
 - Epilepsy
 - Asthma
 - Diabetes

- List Any Allergies:
- Food: _____
- Drugs: _____
- Other Medical Needs: _____
- _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature: _____

Insurance Company: _____

Policy Number: _____

If I cannot be reached, please notify: _____
(_____) _____ or (_____) _____