

DUE WEST YOUTH MEDICAL FORM
(valid for one school year August 01 – July 31)

Date: _____

Name of Youth _____ Gender _____ Grade _____ DOB _____

Parent or Guardian(s) _____

Address _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Persons to Notify in Emergency if Parents or Guardians cannot be reached:

- 1) _____ Relationship to Child _____ Phone _____
- 2) _____ Relationship to Child _____ Phone _____

Insurance Company _____ ID # _____

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Date of Last Tetanus Shot _____ Known **Drug** Allergies _____

Write "YES" on the line to any and all of the following that apply to your child

Allergies _____ Bee Stings _____ Insect Bites _____ Foods _____
Asthma _____ Fainting _____ Hives _____ Poison Oak or Ivy _____
Other Allergies or Conditions _____

If any of the above are listed "YES", please **submit a statement** of how the child has been treated and with what medication. Please list any other special information of which we should be aware (ex: diabetes epilepsy, etc.)

Any youth who may require medication while attending an event sponsored by Due West MC **must** supply the following information and have medicine in ORIGINAL PACKAGING - Additional page can be attached:

Name of Medication(s): _____

Reasons for Taking Medication: _____

Date(s), Time(s) and Amount of Dosage: _____

I give permission for this medication to be dispensed to my child by an adult volunteer or staff member YES NO
I give permission to dispense acetaminophen and/or ibuprofen to my child for pain or fever YES NO

Medical Treatment and Release Form

I understand that if my child is attending an event with a youth, choir or other group of the Due West Methodist Church, in the event that he/she is involved in an accident or becomes ill, the adult staff or volunteers of the church will attempt to reach me. If the adult staff or volunteers are unable to reach me, I hereby give permission to them to obtain needed medical treatment for my child from any medical practitioner or at any medical facility. I agree that I will be financially responsible for any such medical treatment. I also understand that the church staff and volunteers of my child will take all reasonable steps to ensure the safety of my child. However, accidents do sometimes occur. Therefore, I release the church, its staff members and all volunteers from any liability related to my child participating in any church activities. My release is given on behalf of all parents, relatives, guardians and other interested in my child. I further agree to indemnify the church for any judgments or other expenses it may incur due to my child participating in church activities. I understand this medical treatment and release form is **valid for one school year August 01 through July 31**. Therefore, I will update it if there are any changes in the information given above during this time period.

(Signature of Parent/Guardian)

(Date)