

# Children and Youth Mission u

## Medical Release Form – July 25-27, 2024

All children and youth participants are required to provide medical and insurance information as well as parental consent for necessary treatment in the event of illness or injury.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Legal guardian's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Other Contact Person's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Plan # \_\_\_\_\_

Policy # \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

Allergies, Insect Sting, Food or Drug: \_\_\_\_\_

Is the participant under the care of a physician for a medical problem?  Yes  No If yes, please explain.

\_\_\_\_\_

Is the participant taking medication prescribed by a physician?  Yes  No If yes, please list.

\_\_\_\_\_

Other information an attending physician needs to be aware of:

\_\_\_\_\_

List any over-the-counter medications you **DO NOT** wish dispensed to the participant for treatment of minor ailments or injuries.

\_\_\_\_\_

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for the participant by qualified medical care providers, hospitals, or physicians while the participant is en route to, from, or in attendance at Mission u, to be held July 25-27, 2024, at Wesley United Methodist Church in Yakima, Washington.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian* *Printed Name*

\_\_\_\_\_  
*Relationship to Participant* *Date*