

# Trinity Lutheran Church Youth Group Information and Medical Form

## Medical Information

Youth Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Best Phone #: (\_\_\_\_) \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Youth E-mail address: \_\_\_\_\_ Youth Cell Phone# \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number: \_\_\_\_\_

Youth's Allergies (if any): \_\_\_\_\_

Medical Allergies (if any): \_\_\_\_\_

Current Medications (if any): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Are there any medical or physical conditions that we need to be aware? \_\_\_\_\_

Do you wish to be contacted for minor illness or injury? YES NO (circle one)

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relation to Youth (family friend, neighbor, aunt, etc.) \_\_\_\_\_

In the event I can not be reached in an emergency, I hereby give my permission to the physician/hospital selected by the adult leaders to provide proper medical attention for the above named youth. Also, if I cannot be reached the above named emergency contact may act on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I request my child's photo NOT be used in YG publicity? \_\_\_\_\_ (check here)