

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#: _____

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)

Weekly Contact Information

Youth Email address: _____ Youth Cell Phone# _____

A YG advisor will be sending a brief weekly text update to everyone. I give permission for my child's phone to receive this text _____ (check here)

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)