

**YOUTH MINISTRY  
PERMISSION & MEDICAL/HEALTH UPDATE FORM**

(To be completed and signed by parent/guardian)

*Central Manor Church  
387 Penn Street  
Washington Boro, PA 17582  
Phone: (717) 872-2772*

ACTIVITY: \_\_\_\_\_ Minor's Name: \_\_\_\_\_

DATE: \_\_\_\_\_ Minor's Age: \_\_\_\_\_

DESTINATION \_\_\_\_\_ Address: \_\_\_\_\_

TIME OF DEPARTURE \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

Place & Phone number where parents can be reached \_\_\_\_\_

For this activity please list an alternate person to contact in an emergency

Name	Phone Number
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**DO YOU HAVE A MEDICAL RELEASE/HEALTH HISTORY FORM ON FILE WITH THE YOUTH MINISTRY DEPARTMENT?** YES \_\_\_\_\_  
NO \_\_\_\_\_ (If the answer is NO, please complete all information below)

**IS THE MEDICAL RELEASE/HEALTH HISTORY FORM UPDATED WITH CURRENT INFORMATION?**  
YES \_\_\_\_\_ (If the answer is YES, you only need to sign the form)  
NO \_\_\_\_\_ (If the answer is NO, please list corrected information)

1. Family medical/hospital insurance carrier \_\_\_\_\_ Policy or Group No: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medication now taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

2. Are you a member of an HMO?

a. If yes, does your primary care physician need to be contacted before your child receives emergency treatments? Yes  
No

b. If yes, who is your primary care physician? Name: \_\_\_\_\_  
Physician's office phone number: \_\_\_\_\_

3. In case of emergency to which hospital should your child be taken? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Parents: Please fill out and return this form to Pastor of Youth and Children's Ministry.  
(No one will be allowed to go on this activity without a Permission & Medical/Health Update Form)**