

2017 Medical Release/Health History Form
(To be completed and signed by parent/guardian for youth ministry events.)

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

Date: _____

Name _____
Last First MI

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

1. FAMILY HEALTH/MEDICAL INSURANCE COMPANY & ADDRESS

POLICY NUMBER _____ GROUP NUMBER _____

SPECIAL MEDICATIONS NOW TAKING _____

KNOWN ALLERGIES (including food) _____

PHYSICAL HANDICAPS/DISORDERS/DISEASES _____

RESTRICTED ACTIVITIES _____

DATE OF TETANUS BOOSTER _____ (Tetanus shots should be up-to-date)

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

Office phone number

3. IN CASE OF EMERGENCY TO WHICH HOSPITAL SHOULD YOUR CHILD BE TAKEN?

4. PLACE & PHONE NUMBER WHERE PARENTS CAN BE REACHED

(Please Complete Both Sides)

Alternate person to contact in an emergency: _____

Phone Number: _____

I hereby give the above named minor permission to attend and participate in the youth ministry activities supervised by **Central Manor Church, 387 Penn Street, Washington Boro, PA 17582.**

In the event the above named minor becomes ill or injured, or in the case of medical emergency, and I cannot be reached, I hereby give permission for my son/daughter to be treated by qualified medical personnel. (Doctor, hospital, ambulance, etc.) selected by the Group leader in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this form. I certify that my child is in good physical condition, and is able to participate in the youth programs other than any activities listed as restricted above.

I hereby waive all claims against **Central Manor Church, Washington Boro, PA**, its employees, and agents, in case of accident or injury that may arise as a result of participation in activities, including Sunday school events, sponsored either in whole or in part by the church. I further agree to hold **Central Manor Church** and its agents harmless and to indemnify them against all losses, liabilities, suits, claims, or expenses including fines, penalties, and attorney's fees due to injury or alleged injury to my child incurred in connection with the operation of the youth activities or transportation thereto. I also assume the responsibility of any damages to the facilities he/she is assigned to caused by him/her.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

SIGNATURE _____

DATE: _____

**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
------	--------------

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)**