**MEDICAL INFORMATION**

**YOUTH INFORMATION**

Youth Full Name:

Nickname:

Home Address:

Home and Cell Phone Numbers:

Date of Birth:

**Parent/Guardian Contact Information**

Parent/Guardian Name(s):

List all parent/guardian contact phone numbers in best order to be reached:

**NON-PARENT/GUARDIAN EMERGENCY CONTACTS**

Name:

Relation to your child:

Phone(s):

**PRIMARY CARE PHYSICIAN**

Name:

Phone(s):

Name of practice:

Date of last Tetanus shot (required):

**INSURANCE INFORMATION**

Medical Insurance Company:

Phone:

Policy/Group ID#:

Policy Holder’s Name (please print):

**Required: Please attach a copy of your medical insurance card here.**

**MEDICAL INFORMATION**

**MEDICATION:**

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home.**

**Medication Name Dose Treatment for Dispensing instructions**

*Example: Zyrtec 5mg Seasonal allergies Take one pill daily in the morning with food\_\_*

**Over-the-Counter Medication Permission:** Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomach ache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

**No**. Contact me or get medical help if my child has any minor medical concerns.

Parent signature:

**OR**

**Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature:

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

4. Does your child have any special dietary needs? No  OR Yes

If yes, please explain:

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