

MEDICAL RELEASE FORM

Second Presbyterian Youth, Louisville, KY

Name of Youth _____ Name of Parent(s)/Guardian(s) _____

Address _____ City _____ Zip _____

Telephone #s _____

Event: 2022-2023 Youth Group Trips & Events Date: All Dates

PLEASE PROVIDE COPY OF FRONT AND BACK OF INSURANCE CARD

In the event that _____ becomes ill or sustains an injury while on an authorized and chaperoned event with SECOND PRESBYTERIAN CHURCH, LOUISVILLE, KENTUCKY, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and/or to administer first aid.

I also consent to an X-ray examination, Anesthetic, Medical (or Dental) or Surgical diagnosis and treatment including invasive procedures and hospital care, as well as the administration of drugs or medicine to be rendered to my son or daughter under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations present and future in effect until written revocation is made.

I also assume responsibility for any medical and emergency expenses in the event of accident, injury, or other incapacity, regardless of whether I have authorized such expenses.

PARENT OR LEGAL GUARDIAN

DATE SIGNED

INSURANCE POLICY # _____

GROUP POLICY # _____

GROUP POLICY WITH _____

DOCTOR'S NAME AND TELEPHONE NUMBER _____

LAST TETANUS SHOT _____ ANY MAJOR ALLERGIES? _____

The purpose of this rest of the form is to provide appropriate information to aid the adult sponsors in caring for your child on this trip. It will also be used to provide a doctor, clinic or hospital with appropriate information should the need arise.

Please list any medical needs or physical difficulties to enable the adult sponsors from Second Presbyterian Church to care for the participating youth in the best possible way:

Please list any injuries (broken bones, strains, etc.), illnesses (flu, etc.) or surgeries that have occurred over the past three to six months:

Date

_____	_____
_____	_____
_____	_____

Please inform us of any special circumstance that would affect your youth emotionally:
(Recent illness or death in the family, family or school difficulties, distress, loss, or other emotionally changed situation, etc.)

Does the participant wear contacts? ___ Yes or ___ No

Please list any allergies of which we should be aware including allergies to any medicines:

Allergy	Type of Reaction	Necessary Treatment
_____	_____	_____
_____	_____	_____

Please list any and all medication that the participant will have with them on the trip including prescription and over the counter medication. (Yes, even Tylenol!)

Medication	Purpose	When is it taken?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What other information would help us provide for the needs of the participant, especially in an emergency?