

**Youth Medical Form**  
Kirkwood United Church of Christ

Name of Youth \_\_\_\_\_ Participant's Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Is your son/daughter/youth covered under a family health and accident policy? Yes \_\_\_ No

If Yes Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Private Physician \_\_\_\_\_ Their Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Is your son/daughter/youth on any daily medication? Yes \_\_\_ No

If yes, please list names, dosages and times.

Please indicate any other pertinent information that the advisors should have.

**Consent for Emergency Medical Care**

I, \_\_\_\_\_, do hereby authorize the advisor(s) of Kirkwood United Church of  
(Parent/Guardian)

Christ to make arrangements for whatever emergency medical treatment may be necessary for

\_\_\_\_\_ while on church related trips. With my signature I accept full  
(Name of Youth)

responsibility for all costs incurred by such medical treatment.

\_\_\_\_\_  
(Signature of Parent/Guardian)                      \_\_\_\_\_  
Date

(Over for Notarization)

(Notarize Here)

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public