Medical Information, Permission, and Release Form

Duncan Memorial United Methodist Youth

Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Phone: ( )_____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Phone: Work/Cell _____

_____ Work/Cell _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Group Number: _____ Member Number: _____

Medical History

Immunizations: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Childhood Diseases: Chickenpox ____ Measles ____ Whooping Cough ____ Mumps ___

Other (please indicate) _____

Check Appropriate Information: Diabetes ____ Asthma ____ Sinusitis____

Bronchitis _____ Kidney Trouble _____ Heart Trouble _____ Dizziness _____

Stomach Trouble _____ Hay Fever _____ ADD _____ ADHD _____ Epilepsy ____

Depression _____ Other: (please describe) _____

Allergies: Food _____ Drug _____

Insect Bites _____ Plants _____

Other _____

Previous Operations or Serious Illnesses: _____

Current Medications: _____

Special Diet: (Please specify any restrictions) _____

My permission is granted for the Youth Director of Duncan Memorial UMC or any adult on site to obtain necessary medical attention in case of sickness or injury to my youth while attending any youth function. By signing this sheet I do hereby verify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

(Print) _____ (09/09)