



Youth Ministry Medical Release

First Congregational Church of Kingston, 6 Church St., Kingston, NH 03848

Youth Name: _____ School: _____
First M.I. Last

Address: _____ Town: _____ Zip: _____

Phone: _____ Cell Home Alt. Phone: _____ Cell Home DOB: _____

Parent/Guardian with legal custody in case of illness or injury & other contact:

Name:	Relationship:	Phone:	Alt. Phone:	Email:

This youth is covered by medical insurance issued to (principal name on account): _____

Insurance Company: _____ ID # _____ Group: _____

Health History youth has or had:

	Yes	No		Yes	No	Comments
Asthma			Carries Inhaler			
Diabetic			Carries Epi-Pen			
Seizures			Allergies: Meds			
Recurrent/chronic illness			Allergies: Food			
Prescribed Meds			Allergies: Environ.			

Please list any meds your youth is taking & share any pertinent information we should have:

During events youth sometimes request aids to feeling better. If my child asks he/she may be given meds, as charted, parents will be informed of any dosages given to the youth by leadership:

Generic OTC of:	Yes	No	Call 1 st
Advil			
Motrin			
Tylenol			
Cough Drops			

I/we _____ (guardian name/s) have provided accurate & complete information regarding my youth. I understand the form is not exhaustive & anything I believe the ministry ought to know has been provided here or on another sheet (check if attached__). I recognize the church will assume this information is up to date unless I inform them of a change. I authorize First Congregational Church of Kingston to administer & acquire treatment for my child in the event of injury or illness on my behalf.

Printed Name

Signature

Date