

Medical/Permission Form for Prairie Hills Covenant Youth

Student's Name: _____ Age: _____ Grade Entering: _____

DOB: _____ Student's Phone: _____ T-Shirt Size _____

Parent's Name: _____ Parent's Phone: _____

Address: _____

Email: _____

Preferred method of contact Phone (text) Email

In Case of Emergency Notify: _____

Relationship: _____ Phone: _____

Family Insurance Company: _____ Policy Number: _____

Past Medical History: (Check what applies you)

Immunizations up to date? yes no

Any symptoms of the following?:

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness

Hay Fever Stomach Upset Other: _____

Please list Allergies to Medications, Insect stings bites, Poison Ivy/Oak :

(FOR OVERNIGHT ACTIVITIES) List any current medication(s) List Name and dosages: _____

Special Diet or restrictions: _____

Permission for Treatment: (Signature if 18 or older, Parent signature if younger than 18)

My permission is granted for Prairie Hills Covenant Church, Directors, Pastors, and other adult(s) in charge to obtain necessary medical attention in case of sickness or injury.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Prairie Hills Covenant Church from any and all claims, demands, actions, or causes of actions, past, present, or future arising out of any damage or injury while participating in the church-sponsored events.

Signature: _____ Date: _____