

# MEDICAL INFORMATION FORM

Please have your parents complete and sign this form

Child's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

In case of an emergency, please contact one of the following (provide two names):

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Have you suffered any type of injury or illness that might hinder you from doing physical activities?  No  Yes (Explain)

List any medication/dosages that you are currently taking: \_\_\_\_\_

List allergies: Drug \_\_\_\_\_ Insect/Plant \_\_\_\_\_

Food: \_\_\_\_\_ Diet Restrictions: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Please read, sign and date below:**

Release of Liability: I, the undersigned, am a parent or legal guardian of the above stated child and I hereby give my approval and consent for him/her to attend all youth events that are sponsored by the Overbrook Park Church of Christ. I hereby relieve the Overbrook Park Church of Christ from any and all liability and agree to indemnify, defend and hold Overbrook Park Church of Christ, its officers, directors, employees, volunteers, and chaperones of said church, harmless from any and all claims and liability for sicknesses, injuries, accidents of any nature or cause whatsoever including, but not limited to, injuries caused by negligence on the part of Overbrook Park Church of Christ. I hereby give my consent for adult staff and/or chaperones to authorize any and all emergency care necessary for the treatment of the above stated child while attending, participating in, going to, or coming from events.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_ Date \_\_\_\_\_