

**Greenville Church of the Brethren**  
**Child/Youth (Under Age 18) Medical Form**  
***(Annual Consent)***

**PARENTAL MEDICAL CONSENT & RELEASE FORM**

I hereby grant medical consent for \_\_\_\_\_  
*(print student's name)*

**If our child needs medical services which require our consent, and we cannot be reached, staff members or youth advisors of Greenville Church of the Brethren have our consent to take our child to a properly licensed, practicing physician/hospital or to call the EMS. We accept financial responsibility for medical services provided to our child. Further, we release Greenville Church of the Brethren and its staff/advisors from any liability in such situations.**

Parent/Legal Guardian Authorization:                      Date signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian                      Printed Name of parent/legal guardian

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone number of parent/legal guardian                      Alternate phone number (ie: cell phone)

Address of parent/legal guardian: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

We make every effort to provide a safe and secure environment for your child during our events. In order to better protect the safety and health of your child, we request that you provide the following information:

In case of an emergency, we will contact the parent/legal guardian listed above. We request that the parent/legal guardian provide another contact (not living at the same address) who is authorized by the parent/legal guardian to act on his/her behalf should the parent/legal guardian not be available.

Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Parent/Legal Guardian / Student: \_\_\_\_\_

*I will provide to the church office new or updated changes pertaining to any of the information that I have provided on this form.*

*(This form must be completed on both sides for persons under 18 years of age)*

# MEDICAL INFORMATION FORM

Does your child have any health conditions, allergies or diet/mental/physical restrictions?

\_\_\_\_\_ YES      \_\_\_\_\_ NO  
EXPLANATION:

Please list any medications that your child is currently on:

---

---

Does your child have any medication allergies or other allergies?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

Please list allergies:

---

---

If the need arises, please give my child:

Aspirin\_\_\_\_\_ Tylenol\_\_\_\_\_ Ibuprofen\_\_\_\_\_ Nothing\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Physician Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Preferred Hospital Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

*(This form must be completed on both sides for persons under 18 years of age)*