

**Medical History & Emergency Information**

Youth name \_\_\_\_\_ e-mail address \_\_\_\_\_  
Current grade \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Parents/guardian names \_\_\_\_\_  
e-mail address(es) \_\_\_\_\_  
Home Address \_\_\_\_\_  
Youth Phone # \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
Health Insurance: \_\_\_\_\_ Phone # \_\_\_\_\_  
Policy # \_\_\_\_\_ Insured Person \_\_\_\_\_  
Prescription Drugs taking: \_\_\_\_\_  
Allergies (including drugs): \_\_\_\_\_  
Other Medical Conditions: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_

Emergency Contact Person (if parents/guardian unavailable): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Primary phone # \_\_\_\_\_ 2<sup>nd</sup> phone # \_\_\_\_\_  
Address: \_\_\_\_\_

**Medical and Liability Release Form (Filled out by Parent or Guardian)**

Name (Print) \_\_\_\_\_  
(parent or guardian)

I hereby release Lord's Grace Christian Church, its staff, adult counselors and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person(s) during the course of involvement with any KAIROS Youth Group activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian)

Relationship \_\_\_\_\_

**Consent for Treatment**

In case of emergency, I hereby agree to give permission to the adult counselors and staff of Lord's Grace Christian Church to approve medical procedures and procure medical records as deemed necessary by attending physicians. I also accept full responsibility for expenses related to medical care. (Signature of parent or guardian is required if person attending event is under 18 years of age.)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian)

Relationship \_\_\_\_\_