

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 # _____ 2nd 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 _____