

# St. Andrew's Youth Ministries ~ Medical Release Form

## January 2022-December 2023

Please complete a separate form for each student.

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian(s)

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

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

**Insurance protection is the responsibility of the student's family.**

Insurance Carrier \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Most recent Tetanus Toxoid Inoculation: \_\_\_\_\_

Medication(s) presently using:	Purpose	Dosage	Taken When?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give permission for my student to take the following **non-prescription** medications as needed: \_\_\_\_\_

\_\_\_\_\_

Please indicate dates and types of serious operations and illnesses: \_\_\_\_\_

\_\_\_\_\_

Is this student restricted from any activities (i.e., hiking, swimming)? \_\_\_\_\_

Is there anyone who is legally restricted from seeing this student?  
\_\_\_\_\_

**To the best of my knowledge, the information on this form is accurate and complete. In case of injury or sudden illness, I hereby give authority for any hospital or doctor to render immediate emergency aid for my child as might be required at the time for his/her health and safety. It is understood that the expense of this service will be accepted by the legal parent/guardian of this student.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_