

PLYMOUTH CONGREGATIONAL CHURCH

Medical Release Form

for Plymouth Congregational Church Youth Retreats, Lock-ins, Trips, and Outings

Name of Youth: _____ Birth date: _____

Address: _____

Phone: _____ E-mail address _____

I understand that in the event medical treatment is required while my son or daughter participates in a Plymouth Congregational Church event, every effort will be made to contact me. If I cannot be reached, I give permission to staff to secure licensed medical services to provide the care necessary.

Parent/Guardian signature(s) _____ Date: _____

_____ Date: _____

Work phone numbers: _____

E-mail addresses: _____

Alternate emergency contact(s): include name(s), relationship, and number(s):

Important health concerns, medications, or special needs (including any non-prescription medicine that should NOT be taken):

Name of Insurance: _____

Policy Number: _____ Group Number: _____

Please include a photocopy of your insurance card.