

MEDICAL INFORMATION FORM

University Presbyterian Church - Youth

YOUTH INFORMATION (Please print in ALL CAPS)

Full Name _____

Other Names _____

Home Address _____

Home Phone _____ DOB ____/____/____

PARENT/GUARDIAN INFORMATION

Name _____ Phone number(s) _____

OTHER EMERGENCY CONTACTS

Name _____ Phone number(s) _____

Relation _____

PRIMARY CARE PHYSICIAN

Name _____ Phone number: _____

Name of practice: _____

Date of last Tetanus shot (required): ____/____/____

INSURANCE INFORMATION

- I do not have medical insurance (I acknowledge that UPC is not liable for my personal medical expenses incurred while participating in UPC events).
- I have health insurance (Please attach a copy of a medical insurance card).

MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult youth leader in their original containers with complete

dispensing instructions before the start of the event. **Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

MEDICINE NAME	DOSE	TREATMENT FOR	DISPENSING INSTRUCTIONS
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Once daily</i>

MEDICAL CONDITIONS

List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know

By signing this form, I give UPC staff and/or volunteers permission to transport my child to a hospital or medical clinic in case of a medical emergency in which I am unable to transport myself. I attest that all the information I have given in the above form is true, to the best of my knowledge.

Print name _____ Signature _____