



# NEW TESTAMENT CHRISTIAN CHURCH

## Medical Information Form

### YOUTH INFORMATION *(PLEASE PRINT)*

Youth Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

List all parent/guardian contact phone numbers in best order to be reached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NON-PARENT/GUARDIAN EMERGENCY CONTACTS

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

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

### PRIMARY CARE PHYSICIAN

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

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

Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required): \_\_\_\_\_

### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy/Group ID#: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

REQUIRED: Attach a copy of medical insurance card here.

### 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.**

MEDICATION NAME	DOSE	TREATMENT FOR	DISPENSING INSTRUCTIONS
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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OVER-THE-COUNTER MEDICATION PERMISSION: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

**No.** Contact me or get medical help if my child has any minor medical concerns.  
Parent signature \_\_\_\_\_

**Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.  
Parent Signature \_\_\_\_\_

### MEDICAL CONDITIONS:

Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

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

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

3. 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.  
\_\_\_\_\_  
\_\_\_\_\_

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

X \_\_\_\_\_  
Parent/Guardian's Signature Date