Participant: LAST Name, FIRST Name,

# YOUTH MINISTRY
# MEDICAL RELEASE FORM

***Each Student participant must have his/her parent/guardian sign the Medical Release Form. Each Adult participant must sign the Medical Release Form.***

***Please Print Clearly***

I (we) the undersigned parent(s) give _____ permission to participate in ***UPRISE FESTIVAL - SHIPPENSBURG, PA*** on ***SEPT. 14-15, 2018*** under the temporary guardianship of ***RODNEY BISTLINE & THE POINT YOUTH MINISTRY TEAM***

_____ _____
*Parent/Guardian Signature* *Date*

## *Medical & Insurance Information*

Participant: _____
Address: _____
City/State/Zip: _____

Date of Birth: _____ Email _____
Contact in Emergency: _____
Cell: _____ Work: _____ Home: _____

**Check Those That Apply ☒**
- ☐ Heart Murmur
- ☐ Hay Fever
- ☐ Anemia
- ☐ Asthma
- ☐ Sinus Problems
- ☐ Convulsions
- ☐ Diabetes

Drug Allergies: _____
Current Meds: _____ Date of Last Tetanus: _____

Known Medical Problems: _____
Family Doctor: _____ Phone: _____

Health Ins. Co.: _____
Identification No.: _____
Group No.: _____

Other Important Info: _____

**☐ Check this box if changes were made to the above information!**

## *Parent/Guardian Authorization for Medical or Surgical Care for the Above Person*

This is a release authorizing the group coordinator to call an authorized doctor to administer medical and/or surgical treatment should an emergency exist. This authorization is intended to cover immunizations, injections, minor operations and procedures, and necessary anesthesia. In the event of the need for any ot these, an attempt will be made to contact me, the parent/guardian, before relying on this authorization.

_____ _____
*Parent/Guardian Signature* *Date*