

# Jackson Friends Church Youth Ministries

## Medical Information and Liability Release Form

### Youth Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age : \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Information

Health supplies needed and names of medications, dosage, specific instructions of use:

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

Allergies to food, medications, etc., or other special medical conditions

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

Approximate time of last tetanus shot: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Permission and Liability

I hereby give my permission for my son/daughter to participate in activities with Jackson Friends Youth. Please regard my signature below as assurance that I release Jackson Friends Church from any medical or participation liability my son/daughter may encounter. I agree to inform Jackson Friends Church of any medical needs and give my consent to store, supervise and administer the medication provided. I understand that I am responsible for repairing or replacing any damages incurred to equipment or facilities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date