



Medical Release Form

Congregation Name & City: _____

Participants Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Alt. Phone #: (_____) _____

Emergency Contact: _____

Phone: (_____) _____ Relationship to participant: _____

Please fill out the following questions about the participant's medical history to the best of your knowledge.

Is the participant currently taking any medication, prescribed or otherwise? YES NO

If yes, what medications? _____

Have allergic reaction to any medications? YES NO What medications and reactions? _____

Have a history of heart or respiratory problems? YES NO What types of problems _____

Experience epileptic seizures? YES NO How often? Medication? _____

Suffer from headaches, dizziness or fainting? YES NO

Any back, neck, arm, shoulder, ankle or knee injury that would limit participation in physical activities? Yes No

Please list any other information that our staff should be aware of for emergency situation. Any medical information that has not been already stated, or mental conditions that could affect participation (such as pregnancy, extreme fear of heights, etc.) _____

Photographs may be taken during the activities, and may be used for future promotional use, and I hereby authorize the use of my photo for use by Mount Cross or the CNH Jr High District Youth Gathering (DYG) – LCMS.

I have filled out this medical release form to the best of my knowledge and hereby authorize the Mount Cross Staff, CNH Jr High DYG Committee or its representative to authorize medical attention for me or my son or daughter including, but not limited to x-rays, injections, anesthesia, or surgery, in the event of an emergency. I understand that every effort will be made to maintain my safety/the safety of my child. Each participant is responsible for any medical expense and should be covered by their own sickness and accident insurance.

Name of Insurance Company: _____ Policy #: _____

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____