

St. Andrew's Youth Ministries ~ Medical Release Form

January 2024-December 2025

Please complete a separate form for each student.

Student Name _____ Age _____ Birth date _____ Gender: M F

Address _____ City _____ State _____

Parent/Guardian(s)

Name: _____ Name: _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Phone(s) _____ Phone(s) _____

Alternate Emergency Contact: _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Insurance protection is the responsibility of the student's family.

Insurance Carrier _____

Group Number _____ Policy Number _____

Please list all allergies: _____

Most recent Tetanus Toxoid Inoculation: _____

Medication(s) presently using:	Purpose	Dosage	Taken When?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give permission for my student to take the following **non-prescription** medications as needed: _____

Please indicate dates and types of serious operations and illnesses: _____

Is this student restricted from any activities (i.e., hiking, swimming)? _____

Is there anyone who is legally restricted from seeing this student?

To the best of my knowledge, the information on this form is accurate and complete. In case of injury or sudden illness, I hereby give authority for any hospital or doctor to render immediate emergency aid for my child as might be required at the time for his/her health and safety. It is understood that the expense of this service will be accepted by the legal parent/guardian of this student.

Signature of Parent/Guardian _____ Date _____