



LAKESIDE U.M.Y.F. MEDICAL FORM 2010 - 2011
PLEASE PRINT OR TYPE AND PLEASE DON'T LEAVE ITEMS BLANK

Name _____ D/O/B _____ AGE _____

Address _____ City _____ State _____ Zip _____

Grade (2010 – 2011 School Year): _____ School: _____

Parent/Guardian Names: _____

Home phone (____) _____ Youth's cell phone: (____) _____

Father's cell phone (____) _____ Mother's cell phone (____) _____

Father' work phone (____) _____ Mother's work phone (____) _____

Father's email: _____

Mother's email: _____

Youth's email: _____

Are you a member of Lakeside UMC? : Yes No

If not, are you a member of another church? _____

Physician's name _____ Phone # _____

Physician's address _____ City _____ State _____ Zip _____

List any allergies: _____

What medications are presently being taken? _____

List any history of serious illness (diabetes, asthma, epilepsy, etc...) or recent injuries or hospitalization.

List any concerns of which group leaders should be aware: _____

Name _____ D/O/B _____

Please list an alternate emergency contact, in case the parent or guardian cannot be reached:

Name: _____ Relationship to youth: _____

Phone #'s for emergency contact: _____

If necessary which hospital should we try to use _____ Date of last tetanus shot? _____

I do not hold the youth leaders or Lakeside United Methodist Church liable for any injury, bodily harm, accidents or death of my child during its functions or while traveling to and from events. In the event (Name) _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in an event, on the recommendation of the doctor, after consultation with adults in charge of this event, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstance, understanding that the leaders of Lakeside's U.M.Y.F. will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult staff to protect the safety of those involved.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Health insurance provider _____ ID# _____

Policy # _____ Group # _____

I give permission for my child's name to be used through various media, i.e. website, Facebook, newsletter, etc.

Parent/Guardian Signature _____

I give permission for my child's photo to be used through various media, i.e. website, Facebook, newsletter, etc.

Parent/Guardian Signature _____