

St. Peter's United Church of Christ Emergency Health Release Information

Name _____ Home Phone _____

E-mail Address Where Youth Can Be Reached _____

Home Address _____

(Street, City, Zip Code)

School Name _____ Grade _____

Parent / Step-Parent / Guardian Information:

Name _____ relationship to youth _____

home # _____ work # _____ cell # _____

Name _____ relationship to youth _____

home # _____ work # _____ cell # _____

Name _____ relationship to youth _____

home # _____ work # _____ cell # _____

Additional Emergency Contact (in case parent/guardian cannot be reached):

Name _____ relationship to youth _____

home # _____ work # _____ cell # _____

Other Important Emergency Information:

Food and/or Drug Allergies:

Current Medications:

Medical Alerts:

Date of Last Tetanus Shot (month and year): _____

Insurance Carrier _____ Policy # _____ Group # _____

My son/daughter _____ has permission to participate in any activity of St. Peter's United Church of Christ for up to three years from the date signed below. In case of emergency, an adult in charge has my authorization to seek any medical attention necessary, or administer over-the counter medications as needed by my child.

Parent Signature _____ Date _____