

Newark Youth Ministry Medical History Form

Name: _____ Siblings: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Mom's Work #: _____ Mom's Cell #: _____

Dad's Work #: _____ Dad's Cell #: _____

Emergency Person: _____ Phone #: _____

Date of Birth: _____ Birthplace: _____

Health Insurance Information *please attach copy of insurance card

Carrier Name and Address: _____

Group Number: _____

Subscriber Number: _____

Doctor's Name (s) Address & Phone Number

1. _____

2. _____

3. _____

Current Medications (and for what)

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

Food, Medical, and Other Allergies

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

Previous Illnesses Previous Surgeries

1. _____ Date _____ 1. _____ Date: _____

2. _____ Date _____ 2. _____ Date: _____

3. _____ Date _____ 3. _____ Date: _____

4. _____ Date _____ 4. _____ Date: _____

5. _____ Date _____ 5. _____ Date: _____

Any other comments or information not covered above: _____

Medical Treatment Release and Liability Release

***(All persons still covered by parents' insurance must have this signed.)**

I, (the undersigned parent/guardian), do hereby grant permission for my child, _____ to attend any Newark United Methodist Church Youth Ministry trip or event. In order for my child to receive the necessary medical treatment from the medical staff and/or physicians of the nearest hospital and clinics in case of injury or illness, I hereby authorize the Newark United Methodist Church staff to obtain and consent to medical treatment for my child for such injury or illness during a trip or event, and hereby release and discharge the Director of Youth and Education Ministry, volunteer youth leaders, and the staff of Newark United Methodist Church and its representatives, employees, and agents from any and all debts, judgements, or suits of any kind which may arise or be occasioned as a result of the applicant's participation in a Newark United Methodist Church event.

Signature of Parent or Guardian

Home Phone

Printed name of Parent or Guardian

Cell Phone

Parent Email address