

Youth's First and Last Name: _____ Grade: _____

**Saint Luke United Methodist Church Medical
Release Form 2023-2024**

Expires July 31, 2024

Note: filling out this form will **NOT add you to the email list, please fill out the communication form to be added to all of our communication outlets. Please write clearly.*

Youth's Name: _____ Date of Birth ____/____/____
Last First Mid. Init.

Youth's Primary Address: _____
(Number, Street, City, State, Zip Code)

Parent/Guardian: _____ Relationship to Youth: _____
Last First Mid. Init.

Address: _____
(Number, Street, City, State, Zip Code)

Home Phone Number: _____ Parent Cell Phone Number: _____

Primary Email Address: _____

Parent/Guardian: _____ Relationship to Youth: _____
Last First Mid. Init.

Address: _____
(Number, Street, City, State, Zip Code)

Home Phone Number: _____ Parent Cell Phone Number: _____

Primary Email Address: _____

Alternate Contact in case of Emergency *(this person will be called with the above parent(s)/guardian(s) cannot be reached)*

Name: _____ Relationship to Youth: _____

Address: _____
(Number, Street, City, State, Zip Code)

Home Phone: _____ Cell Phone: _____

PLEASE CONTINUE TO THE BACK OF THIS PAGE

Medical Information:

Date of Last Tetanus Shot: _____

Insurance: _____ Phone Number: _____

Policy Number: _____ Policy Holder's ID #: _____

Physician: _____ Phone Number: _____

Address: _____ *(Number, Street, City, State, Zip Code)*

Dentist: _____ Phone Number: _____

Address: _____ *(Number, Street, City, State, Zip Code)*

<p>Please list any Allergies the youth may have:</p>	<p>Please list any special health problems/concerns:</p>
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****Please attach a copy of the youth's insurance card***