

Bethania Moravian Church  
Medical Information and Release Form

Youth's Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

In the event of an emergency, I, the undersigned parent or legal guardian of the above minor, authorize the Bethania Moravian Church staff or designated youth advisor to seek appropriate medical attention for my youth. This authority is granted only after a reasonable attempt has been made to contact me. I understand that while the Bethania Moravian Church staff and volunteers will make every effort to insure my child's safety, they cannot take responsibility for any injuries to my child that are reasonably beyond their control.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

EMERGENCY CONTACTS

Name of Father or Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Mother or Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

If parent cannot be reached:

First Contact: \_\_\_\_\_  
Name Relationship Phone #

Second Contact: \_\_\_\_\_  
Name Relationship Phone #

MEDICAL INFORMATION

Name of Insurance \_\_\_\_\_

Group Number \_\_\_\_\_ Member Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications Used \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Preferred Treatment Facility \_\_\_\_\_