

Children and Youth Mission u

Medical Release Form – July 24-26, 2025

All children and youth participants are required to provide medical and insurance information and parental consent for necessary treatment in the event of illness or injury.

Participant's Name: _____ Date of Birth: _____

Participant's Address: _____

Father's Name: _____

Home Telephone # _____ Work Telephone # _____

Mother's Name: _____

Home Telephone # _____ Work Telephone # _____

Legal Guardian's Name: _____ Telephone # _____

Other Contact Person's Name: _____ Telephone # _____

Family Physician's Name: _____ Telephone # _____

Insurance Carrier: _____ Plan # _____

Policy # _____ Date of last tetanus booster: _____

Allergies, Insect Sting, Food or Drug: _____

Is the participant under the care of a physician for a medical problem? ☐ Yes ☐ No If yes, please explain.

Is the participant taking medication prescribed by a physician? ☐ Yes ☐ No If yes, please list.

Other information an attending physician needs to be aware of:

List any over-the-counter medications you **DO NOT** wish to be dispensed to the participant for treatment of minor ailments or injuries.

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for the participant by qualified medical care providers, hospitals, or physicians while the participant is en route to, from, or in attendance at Mission u, to be held July 24-26, 2025, at Wesley United Methodist Church in Yakima, Washington.

Signature of Parent or Legal Guardian

Printed Name

Relationship to Participant

Date