

COLLEGE PARK CHURCH  
YOUTH MEDICAL FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Parent Email \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (hm#) \_\_\_\_\_ (wk#) \_\_\_\_\_ (cell #) \_\_\_\_\_

Medication (currently using) \_\_\_\_\_  
\_\_\_\_\_

Allergies (to medication) \_\_\_\_\_  
\_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Insurance carrier for my child(ren) \_\_\_\_\_

Policy number \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

I (Parent or Legal Guardian), \_\_\_\_\_ do hereby give my  
permission for my child(ren) \_\_\_\_\_

to receive emergency medical care. In addition, I will not hold College Park Church responsible for any expenses,  
claims or liability arising from an injury to my child(ren).

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Dated \_\_\_\_\_ Seal of Notary