

## Youth Ministry Medical and Permission Form

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### General Information:

Student's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian(s) Cell Phone(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian(s) Email(s): \_\_\_\_\_

\_\_\_\_\_

### Medical Information:

Medical Insurance Provider: \_\_\_\_\_

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### Current Medications:

Schedule	Dose
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**Allergies to Medications:**

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**Please document any medical conditions we should be aware of below:**

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**Permission Form:**

I give my son/daughter \_\_\_\_\_ permission to attend all Lighthouse Youth Ministry events during the active ministry year. This includes events held at Mechanicsburg Brethren in Christ Church as well as those events held away from Mechanicsburg Brethren in Christ Church (service projects, athletic events, amusement parks, retreats, etc.) I give members of the youth ministry team (adults) permission to transport my child to and from any event not held at Mechanicsburg Brethren in Christ Church. I also give the youth ministry team leaders permission to seek medical attention for my child if I am unable to be contacted.

Parent/Guardian Signature: \_\_\_\_\_

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