

Medical Release Form

Youth Community of Wellesley Village Church

2 Central Street, Wellesley MA. 02482

To be in use from September 1, 2022 to August 31, 2023, at any church events or retreats. If any changes occur, it is the obligation of parent or guardian to update the records.

Name of Youth _____ Birth date _____

Address: _____ Phone _____

Name of Parent or guardian _____

Youth's Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health History (please check all that apply)

- Motion sickness
- Seizure Disorders
- Physical Disability
- Appliances (retainers, contact lenses, etc.)
- Vision/hearing impairment
- Diabetes
- Sleep Disturbances
- Mental Disability
- Asthma
- Emotional/ behavioral disability
- Other _____

Allergies _____

If any of the above is checked, please give important detail _____

Date of last tetanus shot: _____

Is your son/daughter taking a prescription or non-prescription medication?

- Yes
- No

If so, list below the medication as well as schedule and dosage. Except when written parent/guardian consent has been provided in advance for a High School youth to maintain possession of and self-administer her/his medication, medications must be given to the advisor team to be administered by them, prior to departure for or the beginning of the event. All medications must be in their original containers (even aspirin or over-the counter medications). Each must contain name, original orders, dosage, dates, directions for use, and specifics for storage (such as refrigeration needed).

1. Medication _____

Dosage and frequency/schedule of dosage _____

2. Medication _____

Dosage and frequency/ schedule of dosage _____

3. Medication _____

Dosage and frequency/ schedule of dosage _____

4. Medication _____

Dosage and frequency/ schedule of dosage _____

Youth's insurance carrier and policy number _____

Name of primary insured _____

I, the undersigned parent/legal guardian of _____, do hereby consent to the provision of any emergency medical care that an attending physician deems to be necessary for the health of my child. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Wellesley Village Church.

Special conditions: _____

Signature of parent/guardian: _____ Date: _____

I consent to my Senior High youth maintaining possession of and self-administering his/her medication.

Signature of parent/guardian: _____ Date: _____