

## **Youth Group Member Medical Information Sheet**

**Circle One:**    **Chaverim**        **Kadima**        **USY**

Youth's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Address (if different from youth): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's home phone: \_\_\_\_\_ work phone \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Father's Address (if different from youth): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's home phone: \_\_\_\_\_ work phone \_\_\_\_\_

Father's cell phone: \_\_\_\_\_ email \_\_\_\_\_

Type of Medical Insurance: \_\_\_\_\_

ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In an emergency, if one of the above cannot be reached, please notify one below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies, physical or emotional condition that we should be aware of:

\_\_\_\_\_.

In the event your child becomes ill or injured while at a youth group activity, a reasonable attempt will be made to (1) contact parent, guardian, or in the absence of (2) contact a relative or friend listed above, (3) contact the family physician listed above, (4) take or dispatch youth to the nearest hospital emergency room.

I (we) hereby give consent to have the above procedure followed for my ill or injured child if responsible youth group staff feels this procedure is indicated and I (we) further consent that my child receive such medical or hospital care and treatment as the physician or hospital may find necessary. If my child becomes ill or injured, and does not require hospitalization, he/she may be released to a friend and/or relative listed above.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date