

Dear Parents:

Please fill out the information on this medical form, and return it to the church office. You can place it in the Sunday collection basket in an envelope marked Youth Group if you wish. This information will be retained for the entire year. Therefore, you will not need to complete the information for each event. It is extremely important that you fill out a new form if your insurance changes so that we have correct information should a need arise. We need the forms even if your child is not attending the events for this month but plans on attending future outings. Thank you for your cooperation in this matter.

Mrs. Helene Paharik

2007/2008
MOUNT SAINT PETER'S YOUTH GROUP

PARENT/GUARDIAN - MEDICAL INFORMATION / RELEASE FORM

In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor. Please note, we will maintain this information for the 2007/2008 year. If your information changes, it is your responsibility to update our files so that correct information is available should the need arise.

Child's Name _____

In case of emergency, contact us at this phone number _____

If we are unavailable, contact (Name) _____

Relationship _____ Phone _____

Our Insurance Company is _____

Policy Number _____

Child's Date of Birth _____ Child's SSN# _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below.