

**CONGREGATIONAL CHURCH OF GREEN'S FARMS  
YOUTH MEDICAL RELEASE FORM  
2011~12**

First Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Father's cell # \_\_\_\_\_

Kid's cell # \_\_\_\_\_

Father's work # \_\_\_\_\_

Kid's Email \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother's cell # \_\_\_\_\_

Birthday \_\_\_\_\_

Mother's work # \_\_\_\_\_

Grade \_\_\_\_\_

Mother's Email \_\_\_\_\_

School \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Insurance Co. Name & Policy # \_\_\_\_\_

Physician's Name & Phone # \_\_\_\_\_

Dentist's Name & Phone # \_\_\_\_\_

Orthodontist's Name & Phone # \_\_\_\_\_

Allergies? \_\_\_\_\_

Conditions and/or Handicaps? \_\_\_\_\_ Illnesses/Injuries during past year? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Should this child's activities be restricted for any reason? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Glasses? yes no      Contacts? yes no      Braces? yes no

Please rate swimming ability: good swimmer fair swimmer non-swimmer

**Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Not valid without completed Permission Slip on reverse side** ⇨ ⇨ ⇨ ⇨ ⇨