



Sterling United Methodist Church
 304 E. Church Road
 Sterling, VA 20164
 703-430-6455



LifeSigns Youth Ministry
Medical Information and Release Form

The below mentioned individual has permission to participate with the Sterling United Methodist Church LifeSigns Youth Ministry. In the event of an emergency, I give permission to the adult members of the group to seek medical attention for him or her. I understand that every effort will be made to contact the parent/guardian as soon as possible in the event of such an emergency if the participant is under 18.

Participant's Full Name: _____
First Middle Last

Address: _____

Age _____ Birth date: _____

Home Phone Number: _____

Email Address: _____

MEDICAL INFORMATION*

Name of Insurance _____

ID Numbers _____

Name of Primary Care Physician _____

PCP's Address & Phone Number _____

Medications Used _____

Medical Allergies or Conditions/Contact Lenses or Glasses: _____

*Please attach a copy of your medical insurance card. Copies may be made in the church office.

(Over Please)

EMERGENCY CONTACTS

For participants who are minors (Under 18 years old):

Name of Father or Guardian _____ Phone # _____

2nd Phone # _____

Name of Mother or Guardian _____ Phone # _____

2nd Phone # _____

Emergency Contacts: (Different from parents listed above)

First Contact: _____
Name Relationship

_____ Phone Number 2nd Phone Number

Second Contact: _____
Name Relationship

_____ Phone Number 2nd Phone Number

Signed _____ Date: _____
LifeSigns Participant

Signed _____ Date: _____
Parent/Guardian if participant is under 18