

Northeast Iowa District Medical Release & Registration

Registration Information:

Participants Name _____ Home Church _____

Youth Leader during Event _____

Medical Information:

Participant's Name _____

Address _____

Father/Guardian's Name _____ Phone # _____

Mother/Guardian's Name _____ Phone # _____

Other Contact Person & Relationship _____ Phone # _____

Family Physician _____ Phone # _____

Does a physician prescribe your son/daughter taking medication? ___ Yes ___ No

If yes, please explain _____

Other information an attending physician needs to be aware of _____

Does your child have any other medical condition the leaders should be aware of?

Insurance Information:

Insurance Company _____ Policy # _____

Name of person carrying the Insurance _____

I give permission to use my son/daughters picture at church and the N.E. district newsletter
yes__ no__

I give my permission for such diagnostic and therapeutic procedures, as may be deemed necessary (for my son/daughter if under 18) by qualified medical care providers, hospitals or physician while my son/daughter is in route to or from or in attendance at this Youth Event.

Participant Signature & Date _____

Parent/Guardian Signature (if under 18) & Date _____

Participants MUST have a signed Medical Release form to participate!