

Medical Release Form

For Good Shepherd Youth Trips

183 West Main Street, Westboro, MA 01581 508-366-7095

Sept 2008 – Aug 2009 _____ (please check & initial)

Sept 2009 – Aug 2010 _____

PLEASE PRINT. Complete in ink. One form must be submitted for each youth attending.

Name of Participant: _____

Street Address: _____

City/Town: _____ **State:** _____ **ZIP** _____

Home Telephone: _____ **Date of Birth:** _____ **Age:** _____

Current School Grade (Circle One): 7th 8th 9th 10th 11th 12th Other _____

Mother's name: _____ Work phone: _____ Cell phone: _____

Father's name: _____ Work phone: _____ Cell phone: _____

Emergency Contact (Please provide contact information other than parents.)

Name: _____ Phone: _____

Relationship: _____

Do you and/or your family have medical or hospital insurance? YES _____ NO _____

Provide insurance information below or a photocopy of both sides of your insurance card.

Name of Insured: _____ Member ID #: _____

Carrier: _____ Policy or Group #: _____

Carrier address: _____

If there are any medical conditions of which we should be made aware, please describe them.

Name of Participant (Please Print): _____ Date: _____

Signature of Participant: _____

(If participant is under 18 years of age)

Name of Parent/Guardian (Please Print): _____ Date: _____

Signature of Parent/Guardian: _____