



2019 / 2020 MEDICAL INFORMATION AND RELEASE FORM  
ZWINGLI UNITED CHURCH OF CHRIST

350 Wile Avenue, Souderton, Pa 18964 215-723-1186

[office@zwingli.org](mailto:office@zwingli.org)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Parent E-Mail #1 \_\_\_\_\_

Cell Phone #2 \_\_\_\_\_ Parent E-Mail #2 \_\_\_\_\_

Youth Information is used to keep youth up to date about events

Youth cell phone \_\_\_\_\_ Youth E-Mail \_\_\_\_\_

Home Address

\_\_\_\_\_

Physician's Name & Telephone #

\_\_\_\_\_

Insurance Provider, Group Number & Telephone #

\_\_\_\_\_

Emergency Contact & Telephone # (in case parent/guardian unreachable)1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

Is this person subject to the following:  Heart Disease  Asthma  Handicap  Convulsions  
 Fainting  Diabetes  Motion Sickness  Nose Bleeding

Other: (please explain)

Allergies to:  Insect Bites  Poison Ivy  Medications  Foods

Other reactions/allergies: (please explain in detail - use back for extra room)

Any major illness or injuries in the past year. Please explain. Use back for extra room.

List any current medication:

\_\_\_\_\_

Is this person able to swim on his/her own?  Yes  No

Please list any activity this person should **NOT** participate in:

\_\_\_\_\_

To whom it may concern:

This is to certify that I give my permission for my son/daughter \_\_\_\_\_, to receive any emergency medical treatment deemed necessary by any person in authority while he/she is participating in any activity or function sponsored by Zwingli United Church of Christ of Souderton, Pennsylvania. These activities may include, but are not limited to, summer camps and conferences, winter camps, regional and international youth conferences, and weekly youth group outings. This treatment may be administered by any hospital or qualified doctor or emergency medical personnel, at the discretion of the person given responsibility by those on authority at Zwingli United Church of Christ. I understand that this permission is in effect until revoked by me in writing, at which time this document of permission will be returned to me.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_