

Youth Medical Release Form

St. Mary's Episcopal Church, High Point, NC
September 2012 – August 2013

Name of Youth: _____

Insurance Company: _____

Phone Number for Insurance Company: _____

Policy Number: _____

Allergies: _____

Current Medications:

Special Dietary Needs: _____

Conditions we should be aware of or additional comments:

Parent's Signature _____

Participant's Signature _____