UTTERMOST YOUTH RETREAT

Medical Information Form

Please complete this form in full. This information will remain confidential and will only be used by the Uttermost Leadership Team in the event of illness or an emergency during the retreat.

Youth Information

Youth Full Name _____

Date of Birth _____

Parent/Guardian Name _____

Primary Phone _____

Emergency Contact _____

Emergency Contact Phone

_____

Medical Insurance

Insurance Company _____

Policy Number _____

Group Number _____

Primary Care Physician _____

Physician Phone _____

Medical History

Does your youth have any medical conditions? ☐ Yes ☐ No

If yes, please explain:

_____

Does your youth have any allergies? ☐ Yes ☐ No

If yes, list all food, medication, insect, or environmental allergies:

_____

Is your youth currently taking any medications? ☐ Yes ☐ No

Medication(s), dosage, and instructions:

_____

_____

Dietary restrictions or special needs:

_____

Over-the-Counter Medication Permission

Please indicate which medications may be given if needed:

☐ Acetaminophen (Tylenol)
☐ Ibuprofen (Advil/Motrin)
☐ Antihistamine (Benadryl)
☐ Antacid (Tums)
☐ Antibiotic Ointment
☐ Bandages / Basic First Aid
☐ None of the above

Emergency Medical Authorization

In the event of an emergency, I authorize the Uttermost Leadership Team to obtain medical treatment for my youth if I cannot be reached immediately. I understand that every reasonable effort will be made to contact me before treatment is authorized.

Parent/Guardian Signature

_____

Printed Name _____

Date _____