

**YOUTH** (for adult form see next page)

**MEDICAL RELEASE FORM and INSURANCE INFORMATION**

**Youth Events – Presbytery of West Virginia**

**To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia's SPRING YOUTH RETREAT, APRIL 14-16, 2023. Please send it with your youth to the event.**

I give permission for my child, \_\_\_\_\_,  
to participate in the SPRING YOUTH RETREAT of the Presbytery of WV, April 14-16, 2023 at Jackson's Mill in Weston. In case of emergency, I give my permission for medical treatment.

Please reach me at one of the following telephone number:

Day \_\_\_\_\_ Night \_\_\_\_\_. In the event I cannot be reached in the case of an emergency, please contact: \_\_\_\_\_

who is \_\_\_\_\_ (relationship to youth)

at phone number: day \_\_\_\_\_ night \_\_\_\_\_.

Signature of Parent \_\_\_\_\_

Print Name \_\_\_\_\_

Address: \_\_\_\_\_

**INSURANCE INFORMATION: This needs to be completed each time. Please do not assume the presbytery has this on file. This form will be shredded after the event.**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of insured \_\_\_\_\_

Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Please circle if your child has a history with any of these medical problems:

Hay Fever

Convulsions

Lung Problems

Bee stings

Blood Pressure Problems

Ulcers

Fainting

Cancer

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulfa Drug Allergic Reaction

Poison Ivy or Oak

Penicillin Allergic Reaction

Other Illnesses or Conditions: \_\_\_\_\_

**Anything else the leaders of this event should know about your youth?**

Name \_\_\_\_\_

**ADULTS**

**MEDICAL RELEASE FORM and INSURANCE INFORMATION**  
**Youth Events – Presbytery of West Virginia**

**To be completed by each Adult participant at the Presbytery of West Virginia  
SPRING YOUTH RETREAT, APRIL 14-16, 2023. PLEASE COMPLETE  
BEFORE YOU ARRIVE AND BRING WITH YOU.**

**While we hope to never have to use this information, in the event that something happens  
such that you are unable to provide this, you are asked to complete the following.**

**INSURANCE INFORMATION: This needs to be completed each time. Please do not  
assume the presbytery has this on file anywhere. This will be shredded after the event.**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of insured \_\_\_\_\_

Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Please circle if you have a history with any of these medical problems:

- |                              |                   |                 |
|------------------------------|-------------------|-----------------|
| Hay Fever                    | Convulsions       | Lung Problems   |
| Bee stings                   | Blood Pressure    | Ulcers          |
| Fainting                     | Problems Cancer   | Kidney Problems |
| Asthma                       | Heart Disease     | Diabetes        |
| Sulfa Drug Allergic Reaction | Poison Ivy or Oak |                 |
| Penicillin Allergic Reaction |                   |                 |

Other Illnesses or Conditions: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ who is  
\_\_\_\_\_ in relationship to me at phone number  
Day \_\_\_\_\_ Night \_\_\_\_\_. Should I be in need of  
immediate medical care, I give permission for those in charge of the event to seek appropriate  
medical care for me, if I am unable to do so for myself.