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 on APRIL 27, 2025. 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 27, 2025 at Coonskin Park in Charleston. 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 Needs, dietary or otherwise _____

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 on APRIL 27, 2025. 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 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: _____

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.