Oreland Evangelical Presbyterian Church
1119 Church Road Oreland, PA 19075
215.887.7002

YOUTH EVENTS MEDICAL RELEASE FORM

Participant Information

Youth Name: _____

Date of Birth: _____ Age: _____

Parent/Legal Guardian Name(s): _____

Address: _____

City, State, ZIP: _____

Phone: _____ Alternate Phone: _____

Email: _____

Emergency & Medical Information

Emergency Contact _____

Phone Nunber _____

Health History:

Allergies (Hay Fever, insect stings, penicillin, other drugs):

_____

Special Conditions (Diabetes, seizures, heart disease, other):

_____

Current Medications: __ _____

Updated: 08/04/2026

If my child becomes ill or injured, every reasonable effort will be made to contact me. If I cannot be reached, I authorize an adult leader or medical professional to secure and provide necessary medical treatment, including hospitalization, anesthesia, surgery, or medication, as deemed necessary.

In case of emergency, Is OEPC authorized to approve medical treatment? Yes No

Is participant cover by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy number: _____ Group Number: _____

Physician Name: _____ Phone: _____

Address: _____

Please include a copy of your Insurance Card.

If you wish to remove this information from the church files, please contact the office at 215.887.7002 or at office@orelandpres.org.

For Church Use Only

Received by: _____
Date: _____
Notes:
_____