Oreland Evangelical Presbyterian Church
1119 Church Rd 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: _____

Special Conditions _____

Current Medications _____

Is OEPC authorized to approve medical treatment? Yes No

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.

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

If yes, name of insurer: _____

Policy or group number: _____

Physician Name: _____ **Phone:** _____

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: _____