

Date: _____

Youth Emergency Medical Information

Personal Information:

Participant's Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City/State/Zip: _____

Parent/Guardian's Name(s): _____ Contact Information: _____

Church Name: _____ Church Phone #: _____

Medical Information: *(Use the back if more room is needed)*

Any current medical conditions or problems? _____

Allergies and effects? _____

Taking any prescription medicine? _____ If yes, describe: _____

Past Medical history/injuries we should be aware of: _____

Date of last Tetanus shot: _____

Name of Physician: _____ Contact Number: _____

Insurance Information:

Insurance Name: _____

Insurance Company Address: _____

Group #: _____ Policy #: _____

In case of EMERGENCY (when parent/guardian can't be reached), call: _____

Day Phone Number: _____ Evening Phone Number: _____

I, _____, legal parent or guardian of _____,
 Give my permission to him/her to participate in all Weekend of the CROSS Shreveport/Bossier activities. I hereby
 release the Shreveport District, Centenary College, all participating churches, owners of all worksites, the staff, and
 all volunteer counselors of any liability in the event of accident or injury. I also agree that in the event of an
 emergency where medical treatment is required, the staff or church sponsors may to obtain the services of a licensed
 physician, if an attempt to notify me immediately concerning any such emergency is made.

Signature: _____ Date: _____

State of Louisiana
 _____ Parish

Sworn to and subscribed before me, notary, on this _____ day of _____, 2010.

 Notary Public