

**New Philadelphia Moravian Church  
Youth Department  
Information & Medical Release Form  
*Must be given to Youth Minister prior to trip***

Name \_\_\_\_\_  
(Last) (First) (M.I)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
(Phone Number)

**In case of emergency contact:**

Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
(Parent, Spouse, Legal Guardian)

Evening Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
of above (Street) (City) (State) (Zip)

Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
(Parent, Spouse, Legal Guardian)

Evening Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
of above (Street) (City) (State) (Zip)

**Other relative or responsible person:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
of above (Street) (City) (State) (Zip)

**Youth Health Information:**

Date of last Tetanus shot \_\_\_\_\_  
*(if youth doesn't have an up-to-date tetanus shot, we highly recommend getting one before our trip)*

Medication(s) you can **NOT** take \_\_\_\_\_

Allergies/special health problems or concerns \_\_\_\_\_

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Insurance Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Policy # \_\_\_\_\_ Policy Holder's Identification # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

**\*Please attach a scanned copy of the front and back of your insurance card\***