

Lake Harriet UMC Medical Information Form  
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Minneapolis MN 55401  
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These will be filled out once a year, and will need renewing at the start of the next school year.

Name: (youth) \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Phone: Work \_\_\_\_\_ ext \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
*Please star which you would like us to use as a first choice of contact*

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

ICE  
In Case of Emergency

Person to notify in case of emergency if parent(s)/legal guardian(s) cannot be reached:

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

Phone: Work \_\_\_\_\_ ext \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
*Please star which you would like us to use as a first choice of contact*

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Medical Information

Medical Insurance Company name \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Personal Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Is your youth on any medication? If so, please list \_\_\_\_\_

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**Continued on back...**

Does this medication(s) have any side effects? If so, please list \_\_\_\_\_

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Please list any allergies \_\_\_\_\_

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Are there any other health problems, concerns or other factors that would limit your youth's ability on youth functions? \_\_\_\_\_

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In case of emergency, I give permission to administer necessary first aid and obtain medical care. In case of a surgical emergency when parents or guardian cannot be reached, I give permission to the attending physician to hospitalize and secure proper treatment for my youth \_\_\_\_\_.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

- For every event, the parent or legal guardian of all youth attending will be given a contact list of phone numbers for the sponsors, the retreat site, or other contact information as necessary.
- Should there be any changes to medication, allergies, or any other information listed on this form, please contact the church office immediately so we can update the records.

If you have any questions regarding the form, please contact Lisa Schensted at [lisa.schensted@lakeharrietumc.org](mailto:lisa.schensted@lakeharrietumc.org) or 612-926-7645 ext. 207.