



St. Paul's UCC
19th & Lincoln Avenue
Northampton, PA 18067

2024-2025 Medical Release Form

This information will be kept confidential and used only in the event of a medical emergency during an authorized activity sponsored by St. Paul's.

Name of Participant _____ Male _____ Female _____

Address: _____

Birthdate: _____ Age: _____

Phone Number: _____

Parent's Name: _____

Address: _____

Phone Number: _____

Emergency Contact Person: _____ Relationship _____

Address: _____

Day Phone # _____ Evening _____

If the Emergency Contact Person cannot be contacted, the following person can be called:

Name _____ Relationship _____

Address _____

Day Phone # _____ Evening _____

An attempt will be made to reach the emergency contact person, however, in the event that this person cannot be reached and _____ needs medical treatment while attending this event, I hereby authorize a responsible adult assisting him/her to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care at a licensed hospital which is deemed advisable by, and is rendered under the general or special supervision of any physician and/or surgeon licensed to practice medicine.

continued on back



Family physician _____ Phone number _____

Address _____

Date of last Tetanus shot _____

Is there a history of any illness or disability such as diabetes, epilepsy, allergies, asthma, etc.? Are there any dietary restrictions?

If yes, please explain _____

Is the participant presently taking any medications? If yes, please specify _____

Have you had any recent medical problems: ie sprains, fractures, or concussions? If yes, please explain _____

For those under 18 years of age:

Tylenol/Aspirin Permission I hereby give permission to Staff/Designated Adult to give

Administer Tylenol as needed Yes _____ No _____

Administer Aspirin as needed Yes _____ No _____

Prescription medication, please designate when and dosage _____

Signature of Participant _____

Signature of Parent (if Participant is under 18) _____

Date _____