Zillah Nazarene Church Youth Group
Parental Permission and Medical Authorization Form

Name(s) ______________________ Relationship to Participant ______________________

HEALTH CARE INFORMATION

Participant Name: ______________________________________

Physician	**Dentist**
Name	Name
Phone	Phone
Medical Insurance Company	Dental Insurance Company
Policy/Group Number	Policy/Group Number
Name of Policy Holder	Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Zillah Nazarene Youth group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):