

# Youth Medical Consent Form

Youth's full name: \_\_\_\_\_

Youth's social security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Name of Insurance Subscriber: \_\_\_\_\_

Group/Account #: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Please list all medications the youth takes regularly:

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Please provide a complete history of all major illnesses, injuries, or treatments:

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Please list all known medical and food allergies:

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Other important information you wish to include:

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## Parent/Guardian Signature

\_\_\_ The information on this form is current and up to date.

\_\_\_ In case of emergency, I authorize adult sponsors from Wesley Memorial United Methodist Church staff to obtain medical services for my child, \_\_\_\_\_

\_\_\_\_\_  
Parent / legal guardian name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed