

# About this form

We request Medical Forms for every trip where students are away from Silverton. This way, in the event of emergency, we will be able to seek medical treatment for your student. We will not share or distribute the information from your Medical Form, except for medical professionals and youth staff.

# What if I don't have insurance?

Please indicate "No Medical Insurance" in the appropriate area. On high-adventure camps or at the youth staff's discretion, we may purchase a temporary accident policy to cover your child.

# Where can I get copies?

Additional copies of this form can be found on the SCF Youth website:  
<http://connect.silvercreekfellowship.org/youth>

# Who is SCF Youth?

We are the Middle and High School Youth Ministry of Silver Creek Fellowship in Silverton, Oregon. You can find out more about our church at:  
<http://www.silvercreekfellowship.org>

Our leaders can be reached by e-mailing: [youth@silvercreekfellowship.org](mailto:youth@silvercreekfellowship.org)



Silver Creek Fellowship  
822 Industry Way  
PO Box 626  
Silverton, OR 97381  
503.873.7353

# 2009 - 2010 Medical Form

**(every student must submit this form)**

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Their relationship to student: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ Member ID # \_\_\_\_\_

Physicians Name/Phone: \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and /or special instructions (allergic to certain medications, rare blood type, etc.)

\_\_\_\_\_  
List all medication you take on a regular basis and/or any you bring with you to Silver Creek Fellowship Youth Events (Prescription medications MUST have pharmacy label and name of doctor)

\_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_

*In the event of emergency, we the legal guardians of \_\_\_\_\_ give permission for Silver Creek Fellowship Youth Staff to seek proper medical treatment for the child named above, including injection, anesthesia, or surgery. I affirm that this authorization is effective June 1, 2009 through June 1, 2010.*

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**