

**DIOCESE OF TRENTON AND SAINT ALOYSIUS YOUTH MINISTRY**  
**EMERGENCY CONTACT & MEDICAL RELEASE FORM**

935 Bennetts Mills Road, Jackson, NJ 08527

**Participant Information**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

**Primary Emergency Contact Information**

[Please fill this section out entirely]

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

**Secondary Emergency Contact Information**

[Please fill this section out entirely]

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

**Medical Information**

[Please provide your Health Insurance Information even if no medical conditions exist]

Health Insurance Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check all that apply:  Epileptic  Asthmatic  Diabetic  No Medical Condition

Allergies: \_\_\_\_\_

Psychological Condition (i.e: depression, bipolar, disorder, etc): \_\_\_\_\_

Heart Condition: \_\_\_\_\_

Currently taking Medication: \_\_\_\_\_

Other/Details: \_\_\_\_\_

**Other Needs**

[Please indicate if there is any other important information, including, but not limited to, dietary needs]

\_\_\_\_\_

\_\_\_\_\_

**Signatures**

[Parent/Guardian Signature is not required for young adults age 18 and over]

**Participant-** Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian-** Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

***[The Consent and Release Form on pg. 1 must also be completed]***