

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

935 Bennetts Mills Road, Jackson, NJ 08527

Participant Information

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]