



**Ecumenical Church of Pueblo West**  
434 South Conquistador Ave. • Church Telephone (719) 547-3088  
Pueblo West, Colorado 81007

**Medical Release**

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Guardian Information**

Parent or Guardian's Full Name \_\_\_\_\_

Address, City, State and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is there another guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

**Second Guardian**

Parent or Guardian's Full Name \_\_\_\_\_

Address, City, State and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is there another guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

**Youth's Information**

Full Name \_\_\_\_\_

Address, City, State and Zip \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Emergency Phone Number / Relationship to Child \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Policy & Number \_\_\_\_\_

During any Ecumenical Church of Pueblo West Youth Group meeting or field trip, a Youth Director or Volunteer has my permission to authorize medical treatment and/or surgical treatment for my child in the event that I cannot be reached. Any exceptions to this consent are noted on this page and listed as separate enclosure.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Enclosure? Yes \_\_\_\_\_ No \_\_\_\_\_ (must be initialed)