MINERAL BAPTIST CHURCH STUDENT MINISTRY

Medical / Information Form

Student Name: _____ T-Shirt Size: _____ (Adult Size)

Birthdate: _____ Parent(s)/Guardian Name: _____

Contact Numbers: (Home) _____ (Cell) _____ (Work) _____

(Cell 2)_____ (Work 2)_____

Emergency Contact Person: _____

Number: _____

Email Address: Student _____ Parent(s) _____

Student Mailing Address: _____

Grade: _____ School Attending: _____

Doctor's Name and Phone Number: _____

☐ *Check Box to show that a copy of insurance card (front & back) accompanies this form*

Insurance Company: _____

Policy / Group Number: _____

Please list any health/medical conditions your student/child has: _____

Does he/she have any allergies? Please list… _____

Does he/she have any drug allergies? Please list… _____

Is your son/daughter currently on any medications? Please list name, dose, and schedule…

_____

**Please indicate if your student can administer his/her own medication or will need adult assistance/supervision.*

Copy of insurance card (front & back) must accompany this form.

_____ (Initial) * I give consent for my child to receive over the counter medications.

_____ (Initial) *I give my permission for the group leader or an adult chaperone to authorize medical treatment for my child at the nearest emergency care facility, should an injury or illness occur.

Signature of Parent/Guardian: _____ Date: _____

IF THERE ARE ANY CHANGES MADE DURING THE YEAR A NEW FORM WILL NEED TO BE FILLED OUT, OR YOU MAY MAKE CHANGES TO THIS FORM AND INITIAL W/ DATE.

_____ Please initial if you authorize Mineral Baptist Church to include pictures of this student on the church website and in printed material. Names will NOT appear in any picture descriptions.