

Permission Form and Medical Release

Student's Name: _____ Age: _____ Grade _____

Address: _____ City: _____ State: _____

Student's Email Address: _____

Parent's Email Address: _____

Home Telephone: () _____ S.S#: _____

Parent/ Guardian Names: _____

Day Phone: () _____ Cell phone: () _____

Insurance Carrier: _____ Policy# _____

Group No.: _____ Subscriber's Name/ S.S.#: _____

Primary Care Physician: _____ Phone: () _____

Medications being taken by student: _____

Allergies: _____

Other Important Medical Information: _____

Emergency Contact (Other than Parent): _____

Relationship to student: _____ Phone: () _____

I have filled out the above information accurately to the best of my knowledge. I understand that I need to contact the church if this information changes. I authorize the Youth Leaders to seek and/or give emergency medical treatment to my youth if needed, and understand that I will be contacted immediately if medical treatment is needed.

Parent Signature: _____ Date: _____