

STUDENT
Medical / Information Form
2011-2012

Student Name: _____ Tee Shirt Size _____ (Adult Size)

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

Emergency Contact Numbers: Home _____ Cell #s & Name(s) _____

Cell # & Name _____ Work #s & Name(s) _____

Email Addresses (Student) _____ (Parent/s) _____

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 #: _____

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... _____

Your child will be responsible for administering his/her own medications.

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

***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. Initial _____**

Signature of Parent or 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 Spotswood BC to include pictures of this student on the church website and in printed material. Names WILL NOT appear in any picture descriptions.