

2018-2019 (Good for one year or thru Aug 2019)
STUDENT MINISTRIES HEALTH FORM
MEADOW PARK CHURCH

Name of Student _____ Date _____

Age _____ Date of Birth _____ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Student E-Mail Address _____

Student's Cell (_____) _____ Sex _____ Height _____ Weight _____

If you are a Visitor or attending a special event, who did you come with? _____

EMERGENCY CONTACT PERSON:

Mom/Guardian _____ Dad/Guardian _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Home Phone () _____ Home Phone () _____

Mom Email _____ Dad Email _____

Mom Cell () _____ Dad Cell () _____

ALTERNATE CONTACT PERSON: (relative, neighbor, or close friend)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone(_____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ City _____ Phone # _____

Family Dentist _____ City _____ Phone # _____

If at any time during the next 12 months your child's information changes, please contact us with current information so that we may give him/her proper medical care during his/her time at a youth ministry activity.

Health History ___ Allergies ___ Asthma ___ Contact Lenses ___ Diabetes ___ Epilepsy/nervous disorders

___ Hay fever ___ Heart Condition ___ Reaction to insect stings ___ Stomach Upsets

Action needed to be take with any issues listed above. _____

Physical Handicap: (please describe): _____

Any major illness during the past 12 months: (please describe) _____

\ **Name of Student** _____

Do we have permission to administer Advil/Tylenol if needed: (Please Initial) Yes _____ No _____

Any other pre-existing or present medical conditions? _____

Name and dosage of any prescribed medications that are taken on a regular basis

:
Medication: _____ Dosage: _____ Every _____

Medication: _____ Dosage: _____ Every _____

Medication: _____ Dosage: _____ Every _____

Special instructions: _____

Any allergies to medication? ___ Yes ___ No

Please list: _____

Date of Last Tetanus Shot _____ Any activity restrictions: Yes _____ No _____

If any please list restrictions: _____

Parent Medical and Liability Release Statement:

I understand that in the event that medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event that I or the persons listed cannot be reached, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that reasonable safety precautions will be taken by the Meadow Park Church of God Student Ministries and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Meadow Park Church of God, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries that may occur.

I understand the behavioral policies related to Meadow Park Student Ministries and realize that participation of my student in these activities is directly related to his or her ability to follow these policies. I understand that should my student be uncooperative with these policies, he or she will be sent home and that any costs associated with this decision by the activity leader(s) will be my responsibility.

Parent/Guardian Signature: _____ Date _____

Print Parent/Guardian Name _____

Signature of Student (if over 18 years of age): _____

Permission to use photos on the Meadow Park web site, in all church publications, in church hallways and classrooms. (No student's names or personal information such as home address or telephone number will be published/printed.)

**SIGN THIS FORM ONLY IF YOU DO NOT GIVE PERMISSION
FOR YOUR CHILD'S PHOTO TO BE USED.**

As a parent/guardian I **DO NOT** GIVE PERMISSION to Meadow Park Church to use photos of my child,

Childs Name: _____

Parents Signature: _____ Date _____