

Student Info & Health Form



Student Name (Please print) _____

Address _____

City _____ State MI Zip _____

Phone Number (____) _____ Email _____

Age _____ Sex _____ Height _____ Weight _____ Date of Birth ____/____/____

Emergency Contact Person(s):

Parent/Guardian Name(s) _____

Address (if different from student) _____

City _____ State MI Zip _____

Mom's Cell (____) _____ Text: Yes No

Dad's Cell (____) _____ Text: Yes No

Home (____) _____ Work (____) _____

Parent Email _____ Other Email _____

Alternate Contact Person:

Name _____

Relationship to student _____

Address _____

City _____ State MI Zip _____

Cell (____) _____ Other (____) _____

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

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Graham Church through its accident policy will be used as a secondary insurance.

I understand all reasonable safety precautions will be taken at all times by Graham Church and its agents during the events and activities. I understand the possibility of risk. I agree not to hold Graham Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date ____/____/____

Student Signature (if over 18 years of age) _____

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 Number _____

Group Number _____

In whose name is the insurance?

Family Doctor _____

City _____

Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the student ministry activity.

Pre-existing/present medical conditions

Name and dosage of any medications that must be taken:

