

Student Medical Form & Release

The Student Ministry of Pleasant Dale Church
4505 W. 300 N. Decatur, IN 46733 (260) 565-3797

Please Print

Name of Student _____ Date of Birth ____/____/____
Address _____
City _____ State _____ Zip _____
Phone# (____) _____
Sex _____ Height _____ Weight _____
SSN# (optional) _____ - _____ - _____

Emergency Contact Person:

Parent/Legal Guardian _____
Address (if different from student) _____
City _____ State _____ Zip _____
Phone# (____) _____ Cell Phone # (____) _____

Alternate Contact Person:

Name _____
Address _____
City _____ State _____ Zip _____
Phone# (____) _____ Cell Phone # (____) _____

Insurance Information

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

Do you have insurance? Yes _____ No _____

Name of Insurance Company _____
Policy# _____ Group _____

In whose name is the insurance? _____

Family Doctor _____ City/Town _____

Doctor's Phone# _____

If your student 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.

Parent and Medical Liability Release Statement:

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

(Please Complete Back Side)

Health History

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

Any allergies: _____ to Medication _____

___ Hay Fever ___ Heart Condition ___ Diabetes

___ Asthma ___ Insect Stings ___ Physical Disability

___ Epilepsy/Nervous Disorders ___ Any major illnesses during the past year?

If any of the above apply, please give details (i.e., including normal treatment of allergic reactions)

Date of last Tetanus Shot _____ Contact Lenses _____

Any swimming restrictions ___ Yes ___ No What? _____

Any activity restrictions: ___ Yes ___ No What? _____

I understand all reasonable safety precautions will be taken at all times by Pleasant Dale Church of the Brethren and its agents during the events and activities. I understand the possibility of unforeseen hazards and unknown inherent possibility of risk. I agree not to hold the Pleasant Dale Church of the Brethren, its leaders, employees, and volunteer staff liable for damage, losses, disease, or injuries by the subject of this form.

Parent/Guardian Signature _____ Date ___/___/___

Signature of Student (if over 18 years of age) _____ Date ___/___/___

I realize the information given here is confidential. The Pleasant Dale Church of the Brethren respects your privacy and will not release the information to anyone outside of medical personnel. A new form will be required to be filled out each year.