

PERSONAL & MEDICAL INFORMATION FORM

STUDENT MINISTRY @ UNION CHAPEL MISSIONARY CHURCH

****To be filled out by Parent Only****

This form does not grant permission for events. Completing this form for the year keeps you from having to fill out medical information for each event. Permission slips will still be used, but will only require a signature.

Please notify Union Chapel Missionary Church if any changes occur to this information.

STUDENT'S INFORMATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Grade: _____ Age: _____ Date of Birth: _____ Gender: Male Female

Mother's Name: _____ Father's Name: _____

1st Person to Contact: _____ Best # to Call: _____

2nd Person to Contact: _____ Best # to Call: _____

MEDICAL INFORMATION

Insurance Company: _____

Policy Number: _____

Group Number: _____

Policy Holder Name: _____ Date of last Tetanus: _____

Doctor Name & Phone: _____

List any physical limitations, which might hinder participation in activities: (allergies, asthma, migraines, etc.): _____

List any medications (and doses), which are taken regularly: _____

List any special information should medical treatment be required (rare blood types, medication allergies, high blood pressure, diabetes, missing organs, etc.): _____
