

**Student Ministries Information Form 2016-17**



**Student's full name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB \_\_\_\_-\_\_\_\_-\_\_\_\_ Student Cell (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Grade \_\_\_\_ School: \_\_\_\_\_

Student Email: \_\_\_\_\_@\_\_\_\_\_

Baptized? y/n When? \_\_\_\_\_ Confirmed? y/n When? \_\_\_\_\_

**Parent Information:** \*\*\*\*We have read the covenant together and agree to it! \_\_\_\_\_ (Parent initial and child initials)

Mom's name: \_\_\_\_\_ Dad's name: \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email : \_\_\_\_\_@\_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

**In CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**ALLERGIES:** Food? \_\_\_\_\_ Medication? \_\_\_\_\_

Medications taken daily: \_\_\_\_\_

Anything we need to know medically or otherwise?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\* Date of Last Tetanus Shot:** \_\_\_\_\_

In the event \_\_\_\_\_ suffers any illness or injury requiring hospitalization, medical treatment or medication, I hereby give my permission for any medical treatment which may be deemed necessary by medical personnel.

\_\_\_\_\_  
Parent's or Guardian's Signature Date

Health Insurance Co. \_\_\_\_\_

Policy #: \_\_\_\_\_

Group Number: \_\_\_\_\_

**\*\*\*Photo Disclaimer:** Grace UMC may use photos taken during Church activities in our Church publications which include screens, bulletin boards and church website. No names will be used.