

Student Ministries Information Form 2018-19



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:

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.