

**2019-2020**  
**STUDENT MINISTRIES HEALTH FORM**  
**MEADOW PARK CHURCH**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student E-Mail Address \_\_\_\_\_

Student Cell \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size (Choose One) YL S M L XL 2X 3X

If you are a Visitor or attending a special event, who did you come with? \_\_\_\_\_

**EMERGENCY CONTACT(S):**

Mom/Guardian \_\_\_\_\_ Dad/Guardian \_\_\_\_\_

Mom Address \_\_\_\_\_ Dad Address \_\_\_\_\_

Mom City \_\_\_\_\_ Mom Zip \_\_\_\_\_ Dad City \_\_\_\_\_ Dad Zip \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mom Work \_\_\_\_\_ Dad Work \_\_\_\_\_

Mom Email \_\_\_\_\_ Dad Email \_\_\_\_\_

**ALTERNATE CONTACT PERSON:** (relative, neighbor, or close friend)

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

Alt Address \_\_\_\_\_ Alt City \_\_\_\_\_ Alt State \_\_\_\_\_ Alt Zip \_\_\_\_\_

Alt Home Phone \_\_\_\_\_ Alt Cell Phone \_\_\_\_\_

In the event of illness or injury while your child is at the activity, your insurance carrier will be billed for medical charges.

Do you have health insurance?    Yes    No

Name of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

**Health History**    Allergies    Asthma    Contact Lenses    Diabetes    Epilepsy/Nervous disorders  
                         Hay fever    Heart Condition    Insect/Bee Stings    Stomach Upsets

Action to be taken with issues above \_\_\_\_\_

Physical Handicap (please describe) \_\_\_\_\_

Major illness during the past 12 months: (please describe) \_\_\_\_\_

Name of Student \_\_\_\_\_

Do we have permission to administer Advil/Tylenol if needed: Yes No

Other medical conditions we should know about? \_\_\_\_\_

Name and dosage of prescribed medications that are taken on a regular basis:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Every \_\_\_\_\_

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Special instructions: \_\_\_\_\_

Allergies to medication? Yes No Please list: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Activity restrictions: Yes No Please list restrictions: \_\_\_\_\_

***If your child's information changes at any time while this form is valid, please contact us with updated information so that we may provide proper medical care while at a student ministry activity.***

**Parent Medical and Liability Release Statement:**

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

I understand that reasonable safety precautions will be taken by the Meadow Park Church of God Student Ministries and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Meadow Park Church of God, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries that may occur.

I understand the behavioral policies related to Meadow Park Student Ministries and realize that participation of my student in these activities is directly related to his or her ability to follow these policies. I understand that should my student be uncooperative with these policies, he or she will be sent home and that any costs associated with this decision by the activity leader(s) will be my responsibility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_

I give Meadow Park Church permission to use photos on the Meadow Park web site,  
in all church publications, in church hallways and classrooms.  
(No student names or personal information such as home address or telephone number will be published or printed.)

**SIGN THIS PORTION ONLY IF YOU DO NOT GIVE PERMISSION FOR YOUR CHILD'S PHOTO TO BE USED.**

As a parent/guardian I **DO NOT** GIVE PERMISSION to Meadow Park Church to use photos of my child,

Childs Name \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_