



First United Methodist Church Student Ministry
MEDICAL INFORMATION AND CONSENT FORM

Student's Name: FIRST NAME LAST NAME Name You Go By:

Sex: Current Age: Grade: DOB: Phone #: () -

Address:

City: State: Zip Code:

Medical History: (ongoing illnesses, conditions, operations etc.)

Current Medications:

Last Tetanus Immunization:

Allergic To:

Father's Name: Father's Cell Phone: () -

Father's Employer: Father's Work Phone: () -

Mother's Name: Mother's Cell Phone: () -

Mother's Employer: Mother's Work Phone: () -

Health Insurance Company Name:

Group Name (if with employer):

Group Number / Policy Number:

Insurance Address & Phone Number:

Name Insurance is Under:

EMERGENCY CONTACT: BEST PHONE: -

EMERGENCY CONTACT: BEST PHONE: -

EMERGENCY CONTACT: BEST PHONE: -

ADULT CONSENT:

Student Ministry Staff and the FUMCLV Student Counselors have my consent to have my child treated for any medical situation that may occur during a student group activity in the event that I cannot be reached. I further grant permission to FUMCLV to use photographic images or video recorded footage of my child for Elevate Student Ministry promotional purposes.

PRINTED PARENT/ GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: Insurance information is needed for hospital/medical facility to access and approve medical admittance for student in your absence. This information will be kept in the strictest of confidence.

A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED TO THIS FORM.