

MEDICAL RELEASE AND TRIP FORM 2018

Student Name _____

Home Address _____

City/State _____ Zip _____

Home Phone: _____ Cellphone: _____

Birthdate: _____

Emergency Contacts.

Primary Contact Name: _____

Relation: _____ Phone Number: _____

Secondary Contact Name: _____

Relation: _____ Phone Number: _____

Tertiary Contact Name: _____

Relation: _____ Phone Number: _____

I, _____ the undersigned, parent or legal guardian of (student's name) _____ do hereby give consent to any emergency medical, dental, or surgical treatment that the Student Pastor or Counselor's from Pennway Church of God, 1101 E. Cavanaugh, Lansing, Michigan, may deem necessary while participating in and traveling to and from any Student Ministry activities, community involvement etc. during the fiscal year of 2018. It is understood that every conceivable effort will be made to contact the parent or legal guardian of the youth before treatment is given.

Also, but signing this I acknowledge that Pennway Church of God may take and use pictures of my student.

Parent or Legal Guardian

Signature: _____

Date Signed : _____

OVER

Medical Information

Allergies: _____

Medical Disorders: _____

Medications Needed and times to be given: _____

Medication side effects: _____

Date of last tetanus injection: _____

Doctor's Name: _____ Doctor's Number:

Doctor's Address: _____

Health Insurance Information:

Company: _____

Policy Number: _____

Group Number: _____

Insured Name: _____

(Please include any pertinent information here... sleep disorders, phobias etc.)
