

# EPIC Ministry

## 2009/2010 Annual Medical Information and Release Form

(Please fill out as much information as possible so we can make sure our database is accurate)

### Student Information

First Name \_\_\_\_\_ Mid. \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Beeper \_\_\_\_\_ E-mail \_\_\_\_\_ IM \_\_\_\_\_

Address \_\_\_\_\_

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

Birthdate (mm/dd/yy) \_\_\_\_\_

School \_\_\_\_\_

School Activities \_\_\_\_\_

T shirt Size (Circle One) Small Medium Large XLarge XXLarge

### Primary Guardian Information

Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Fax (work/home) \_\_\_\_\_

Pager \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

### Secondary Guardian Information

Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address (if different student's) \_\_\_\_\_

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

Home phone \_\_\_\_\_ Fax (work/home) \_\_\_\_\_

Pager \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

(Please continue filling out information on the back of this sheet)

**MEDICAL INFORMATION**

Student Medical History and Information: \_\_\_\_\_

Allergies of Medical Conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preference (if emergency should occur locally): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Alternate Numbers In Case of Emergency (cell, beeper, etc.) \_\_\_\_\_

Please list 3 relatives or friends to contact in the unlikely event that you could not be reached during an emergency.

- 1. \_\_\_\_\_ (Phone) \_\_\_\_\_
- 2. \_\_\_\_\_ (Phone) \_\_\_\_\_
- 3. \_\_\_\_\_ (Phone) \_\_\_\_\_

**PARENT CONSENT**

I hereby give consent for \_\_\_\_\_ to participate in events sponsored by Church at the Crossing Student Ministry during the Calendar Year of 2008/2009. In case of emergency and the unlikely event that I can not be reached, I hereby authorize an adult chaperone to secure the necessary medical treatment at any registered hospital, clinic, or doctor's office as needed. I hereby relieve Church at the Crossing and its directors, supervisors, and sponsors from any and all liabilities for any and all sickness, accidents, and injuries and/or any other cause whatsoever while in attendance at a Church at the Crossing Student Ministry sponsored event.

Further, as a parent or guardian of the minor named above, I do hereby consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without necessity of first notifying me and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services.

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