



Journey Ministries Student Information Form 2025-2026

Student Information

Name: _____ Age: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Birthday: _____ Gender: _____ Grade: _____ School: _____

T-shirt Size: YS YM YL S M L XL 2X 3X

Parent/Guardian Name: _____ Phone: (____) _____ Emergency Contact? _____

Parent/Guardian Name: _____ Phone: (____) _____ Emergency Contact? _____

Emergency Contact (if different from Parent/Guardian): _____ Phone: (____) _____ Relationship: _____

Name of Physician: _____ Phone: (____) _____

Photo Release

I, the undersigned parent/guardian, understand that while participating in church-affiliated events, photographs and videos may be taken of my child. By signing below, I am acknowledging this and agreeing to allow Journey Ministries/Encounter Church to use these photos/videos for display and promotion.

Signature of Parent/Guardian _____ Date: _____

Insurance/Health Information

Carrier or Plan Name: _____ Group #: _____

Carrier's address: _____ Name of insured: _____

Relationship to Student: _____ Insurance I.D. #: _____

Allergies (if any)

Reaction and Management

Medication: Please list ALL medications, including over the counter or non-prescription drugs, taken routinely. Please bring emergency medications (inhaler, Epi pen, etc) to all youth activities, and bring routine medications as needed. **Keep medication in the original packaging/bottle that clearly identifies the prescribing physician (if a prescribed drug), the name of the medication, the dosage and frequency of administration.** Upon arrival for overnight events, all medications must be checked in with the adult leaders.

☐ No medications taken on a routine basis.

☐ Medications taken as follows. Attach additional pages, if necessary.

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Vaccination History

Is the student up to date with vaccinations? _____

After completing this form, please return a physical copy to Pastor Brad. Alternatively, you can email it to him or the church office. If you have any questions, you can reach Pastor Brad at (517) 750-2654 Ext. 305 or email at bholmes@encounter620.com