

MEDICAL INFORMATION AND CONSENT FORM



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

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 LV|first 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 LV|first to use photographic images or video recorded footage of my child for Elevate Student Ministry promotional purposes. And lastly, I also grant permission for LV|first staff to search my child's belongings if there is suspicion of illegal substances or not allowed items present.

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.