

Youth
Browncroft Community Church
MEDICAL CONSENT FORM/STUDENT INFORMATION FORM
2011– 2012 SCHOOL YEAR

Visitor Yes No

CURRENT Medical Consent Forms are required to attend student activities. These forms are kept on file for one school year. A new Medical Consent Form is required at the beginning of each school year OR when a student's address, emergency contact, health and/or insurance information changes within the year. Please complete and return to Youth Dept.
PLEASE PRINT using black or blue ink

STUDENT INFORMATION

Name _____ Sex _____ Date of Birth _____ Age _____ Grade _____
Last First
Address _____ City _____ State _____ Zip _____

Student Email: _____ Student Cell Phone (____) _____

Add email to receive weekly update? yes no

OK to text? _____ Cell phone provider: (ie. Verizon, ATT, etc.) _____ School: _____

Attends: Sunday Morning Quest Sunday Evening Youth Group Home Church: _____

EMERGENCY CONTACT INFORMATION

(Please circle primary contact person)

Father's Name or Legal Guardian: _____

Mother's Name or Legal Guardian: _____

Home Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

email _____

email _____

Add email to receive weekly update? yes no

Add email to receive weekly update? yes no

If Parents or Guardians are unavailable, call:

Alternate Contact/Relationship: _____ Phone (____) _____

HEALTH & INSURANCE INFORMATION

Do you carry family medical/hospital insurance? Yes No

If so, indicate Insurance Carrier _____ Policy # _____

Name of Family Physician _____ Phone (____) _____

Name of Family Dentist/Orthodontist _____ Phone (____) _____

MEDICAL INFO/ MAJOR MEDICAL PROBLEMS:

Allergies: Asthma Food (specify) Hay Fever Insect Stings Drug allergies Other _____

Chronic Asthma Bleeding/ Clotting Disorder Cardiac Diabetes Epilepsy Emotional Disorder Recent Surgery

Nervous Disorder Physical Handicap Seizure Disorder Other _____

If you have checked any of the above, please give details: _____

List any activity restrictions _____

List operations or serious injuries with dates: _____

List any chronic recurring illness or medical condition _____

List current medication(send with instructions): _____

List over-the-counter medications that participant is NOT to have: _____

Date of last tetanus shot: (Month/day/year) _____ / _____ / _____

IMPORTANT: Please notify Browncroft Community Church if your child has been exposed to a communicable disease within the three weeks prior to the outing or event. This health information is correct to the best of my knowledge, and my son/daughter has my permission to engage in all prescribed activities except as noted. I agree to update the above medical information regarding my son/daughter as is appropriate.

Authorization for treatment: I hereby give permission to the medical personnel selected by Browncroft to provide medical care in the best interest of my son/daughter in case of a medical emergency. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Browncroft to treat my son/daughter, including hospitalization, if necessary. This form, when complete, may be photocopied for trips away from Browncroft.

Permission to use photo:

_____ I grant permission for my child's name/picture to be used in Browncroft publications/videos.

_____ I do not grant permission for my child's name/picture to be used in Browncroft publications/videos.

Signature of Parent or Legal Guardian _____ Date: _____