Medical Information 2019-2020 ALLERGIES:Click here to enter text.

Student Information:

Name: Click here to enter text. MALE  FEMALE

Home address: Click here to enter text. City, St, Zip Click here to enter text.

Home Phone Click here to enter text. Cell Phone Click here to enter text. DOB Click here to enter text.

Email address Click here to enter text. School: Click here to enter text.      2019-2020 Grade :Enter Grade

Parent/Guardian Information:

Name: Click here to enter text. Cell Phone Click here to enter text.

Name: Click here to enter text. Cell Phone Click here to enter text.

Parent Email address Click here to enter text. Parent Email address Click here to enter text.

Emergency Contact (not parent or guardian):

Name: Click here to enter text Cell Phone Click here to enter text.

Medical Information:

Doctor Name: Click here to enter text. Phone # Click here to enter text.

Name and reason for all medication taken regularly Click here to enter text.

Health Problems or Chronic Conditions Click here to enter text.

Last Tetanus Shot Click here to enter text. Insurance Carrier Plan: PPO HMO OTHER

Member ID/Policy# Click here to enter text. Verification Phone # Click here to enter text.

Effective immediately, I assume all risk and hazards and do hereby release and agree to hold harmless St. Peter’s United Methodist Church (the church) and its servants, volunteers, agents, and employees from all liability for personal injury or property damage for all actions taken in good faith during the church activities. In the event I cannot be reached or cannot communicate in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leaders of the church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself as named above. It is understood that a conscientious effort will be made to communicate with me or the emergency contact listed before any action is taken. I accept responsibility for any and all expenses incurred from medical treatments provided. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Electronic Signature Click here to enter text. Date Click here to enter a date.