

2010-2011 Ministry Year Medical and Permission Form

General Information:

Student's Full Name: _____

Age: _____ Grade: _____ School: _____

Email: _____ Birth Date: _____

Address: _____

Phone Numbers: (H) _____ (C) _____

Parent/Guardian(s) Name(s): _____

Parent/Guardian(s) Cell Phone(s): _____

Parent/Guardian(s) Email(s): _____

Medical Information:

Medical Insurance Provider: _____

Policy Number: _____

Family Physician: _____

Address: _____

Current Medications:

Schedule

Dose

<i>Schedule</i>	<i>Dose</i>
_____	_____
_____	_____
_____	_____

Allergies to Medications:

Please document any medical conditions we should be aware of below:

Permission Form:

I give my son/daughter _____ permission to attend all Lighthouse Youth Ministry events during the 2010-2011 ministry year (September 1, 2010 through August 31, 2011). This includes events held at Mechanicsburg Brethren in Christ Church as well as those events held away from Mechanicsburg Brethren in Christ Church (service projects, athletic events, amusement parks, retreats, etc.) I give members of the youth ministry team (adults) permission to transport my child to and from any event not held at Mechanicsburg Brethren in Christ Church. I also give the youth ministry team leaders permission to seek medical attention for my child if I am unable to be contacted.

Parent/Guardian Signature: _____

Date: _____