

Student Data / Health Form - 2011-2013

Bel Air United Methodist Church

21 Linwood Avenue
Bel Air, MD. 21014
410-838-5181

Student Information

Name: _____ Age: _____

Address: _____ Apt. # _____

City	State	Zip
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Home Phone: _____ Cell Phone: _____

E-MAIL: _____ IM Handle: _____

MySpace Address: _____ Grade & School: _____

Birthday: _____ Social Security Number: _____ - -
(Month) / (Day) / (Year)

Please be sure to inform the youth ministry office of Student involvement in any extra-curricular activities

Student Resides With: (Check One) Father Mother Both Legal Guardian

Parent / Guardian Information

Father's Name: _____ Cell #: _____

(Work #): _____ Father's E-Mail: _____

Father's Home Address (if different from above): _____

Mother's Name: _____ Cell #: _____

Work #: _____ Mother's E-Mail: _____

Mother's Home Address (if different from above): _____

MEDICAL INFORMATION

Name of Physician: _____ Phone Number: _____

Insurance Company: _____

Policy Number: _____

DATE OF LAST TETANUS SHOT: _____

LIST ANY ALLERGIES, MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER MEDICAL INFORMATION THAT THE DOCTOR SHOULD BE AWARE OF: (If more space is needed, please use an additional sheet of paper and attach it to this form).

NOTE: This form will remain valid for 2 years from notarized date. If medical information, including medications, changes during that time, a new form must be completed.

YOUTH HEALTH / PERMISSION FORM 2011-2013

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RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

(please print)

NAME OF CHILD: _____

IN AN EMERGENCY, IF I CANNOT BE REACHED, PLEASE NOTIFY THE FOLLOWING PERSON: _____

NAME

PHONE

I do hereby give my permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and, if available, a shoulder strap, and the vehicle is driven by an adult the age of 21 or older, while participating in the activities sponsored by Bel Air United Methodist Church.

I, the undersigned, understand that this form will incorporate all the terms and conditions of the notarized Medical Authorization Form.

I, the undersigned, do hereby release and forever discharge all event leaders and Bel Air United Methodist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in this event.

(Signature)

(Date)

(Relationship)

(TO BE COMPLETED BY NOTARY) I, _____ as a notary public, certify that I witnessed the signature of the above named _____, and said individual verified his/her identity to me on this date: _____, 20 ____.

SIGNATURE: _____

My commission expires on: _____

NOTARY SEAL: