

Reach Student Ministry

2016 - 2017

Medical Release Form AND Permission Slip REACH Student Ministries, St. Marks United
Methodist Church 37 East Main St., Mount Joy, PA 17552 (717) 653-5493

Student's Full Name: _____

Mailing Address (street, city, state, zip) : _____

Date of Birth: _____ Age: _____ Grade: _____

Student's Email Address: _____

Student's Cell: _____

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

Phone Numbers: *Please put a 'star' next to the number as our first contact.*

Home Phone: _____

Mom's Cell: _____ Mom's Work: _____

Dad's Cell: _____ Dad's Work: _____

In the event of an emergency and a parent/guardian cannot be contacted, please contact the following relative...

Name: _____

Relationship to Student: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____

Medical/Hospital Insurance Carrier: _____

Policy/Group Number: _____

Policy Holder's Name: _____

Secondary Insurance Carrier (if applicable): _____

Secondary Policy/Group Number (if applicable): _____

Secondary Policy Holder's Name: _____

(Information is required since each student is covered by limited accident and medical insurance—in excess of parent's own insurance; CHURCH'S POLICY IS A SECONDARY POLICY. Pennsylvania State law prohibits duplicate payments.)

Illnesses and Injuries (Check Those That Apply)

_____ AIDS/ARC	_____ Epilepsy	_____ Tuberculosis
_____ Ear Infections	_____ Tonsillitis	_____ Convulsions
_____ Rheumatic Fever	_____ Athlete's Foot	_____ Heart Disease
_____ Asthma	_____ Frequent Sore Throats	_____ Upper Respiratory
_____ Other (Specify) _____		

Is student currently under a physician's care for a medical problem? YES / NO

Please Explain: _____
