



Emergency and Insurance Information

Date _____

Name of Student _____ Date of Birth _____
Address _____
City _____ State _____
Zip _____
Phone (____) _____ Sex _____

Emergency Contact Person

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Home Number (____) _____ Work Number (____) _____

Alternate Contact Person

Name _____
Address _____
City _____ State _____ Zip _____
Home Number (____) _____ Work Number (____) _____

Do you have health insurance? ____yes ____no

Name of Insurance Company _____
Policy Number _____ Group Number _____
Who is the policyholder? _____
Primary Physician _____ City/State _____
Physician's phone number (____) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the children/youth ministry activity.
*****Please provide a copy of your insurance card(s), both front and back*****

Health History

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

Any allergies? _____ to medications? _____

Hay Fever Heart Condition Diabetes Insect Stings
 Epilepsy/Nervous Disorders Asthma Frequent Stomach Upsets
 Physical Handicap Any major illnesses during the past year?

If any of the above items are checked, please give details (i.e., include normal treatment of allergic reactions)

Date of last Tetanus Shot _____

Contact Lenses? _____

Any swimming restrictions? yes no

What? _____

Any activity restrictions? yes no

What? _____

Southlake Blvd Presbyterian Church
General Release and
Medical Information Form

_____, Will be participating in Southlake Blvd Youth Program

I (We), the undersigned, Individually and/or parents/guardians of the above named participant acknowledge that the above named young person will be participating in the Youth program and its related activities at the participant's own risk. I(We) on my/our behalf, hereby release, discharge, and indemnify Southlake Blvd Presbyterian Church of Southlake, TX, its directors, officers, employees and all volunteer personnel from all liabilities for damage, injury, or illness to the above named participant or his/her property during his/her participation in or travel to or from any Southlake Blvd Presbyterian Youth Event.

Further, I (We) authorize the leaders of any youth event, on my/our behalf and at my/our account, to take such measures and arrange for such medical treatment by licensed physicians and/or hospitals, as the leaders of the event may deem advisable for the health and well-being of the participant without the need for further consent or permission.

Finally, I(We) agree to permit our young person's name and image (photograph or video image) to be used, where appropriate, in photographic and video presentations related to any youth event.

SIGNED _____ (Parent/Guardian) DATE _____

SIGNED _____ (Parent/Guardian) DATE _____

NOTE: In the event of accident, illness, or injury, every attempt will be made to notify Parents of Guardians as soon as possible.