 **Children and Student Ministries Medical Release Form 2018-2019**

This form will be valid for the 2018-2019 school year only. It is the responsibility of the parent or guardian to fill out a new Medical Release form if medical insurance information changes during this current school year. This form is only valid for monthly student events. Additional medical information will be necessary for larger events such as Theophilus, Summer Camps and conferences.

**Student’s Name: Date of Birth: Male Female**

**Parent/Guardian Contact Information**

Name: Relationship:

Address:

City/State/Zip:

Primary Phone: Work Phone:

Email:

**Medical Information**

Hospital/Clinic Preference:

Physician’s Name: Physicians phone:

Insurance Company Name:

Policy Number and or Group Number:

Allergies/ Special Health Considerations:

Any additional information we would need in case of an emergency:

**Please return to Dan Son, Jenny Kim or Beth Erickson in the Student Ministries Office**

**or Sarah Meeds in the Children’s Ministries office.**