

Student Data / Health Form - School Years 2018-25

Bel Air United Methodist Church

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

Student Information

Name: _____ Birthdate: ____/____/____

Address: _____ Apt. # _____

City

State

Zip

Home Phone: _____ Cell Phone: _____

E-MAIL: _____

Current School Attending: _____

High School Graduation Year: _____

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: _____ Group Number: _____

DATE OF LAST TETANUS SHOT: _____

Date & Initial EVERY SCHOOL YEAR: _____

LIST ANY ALLERGIES, MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER MEDICAL INFORMATION THAT THE DOCTOR SHOULD BE AWARE OF.

Allergies (including food): _____

Medication(s): _____

Other medical conditions/concerns: _____

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. PLEASE NOTE: For publicity purposes, appropriate pictures may be printed in the Spire Newsletter, which is distributed to Bel Air United Methodist Church's friends and family. The pictures may also be used on the Bel Air United Methodist Church Website that can be found at www.belairumc.org. Children's names and other identifying information will NOT be included.

I, the undersigned, understand that this form will incorporate all the terms and conditions of the 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 all youth and church events.

(Signature)

(Date)

(Relationship)

**Appendix H
FOR OFFICE USE ONLY:**