



First United Methodist Church Student Ministry MEDICAL INFORMATION & CONSENT FORM

All students must have a current form on file, and all forms should be updated annually.

Student's Full Name _____ Name You Go By: _____

Sex: ___ Current Age: ___ Date of Birth: ___/___/___ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical History: _____

Current Medications: _____

Last Tetanus Immunization: _____

Allergic To: _____

Other Important Medical Information / Concerns: _____

Father's Name: _____ Father's Cell Phone: _____

Father's Employer: _____ Father's Work Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Employer: _____ Mother's Work Phone: _____

Health Insurance Company Name: _____

Group Name (if with employer) : _____

Group Number / Policy Number: _____

Insurance Address & Phone Number: _____

Name Insurance is Under: _____

Emergency Contact: _____ Phone: _____ Relationship To Student _____

Emergency Contact: _____ Phone: _____ Relationship To Student _____

Emergency Contact: _____ Phone: _____ Relationship To Student _____

ADULT CONSENT:

Allen Whittaker and the FUMCL Student Counselors have my consent to have my child treated for any medical situation that may occur during a student group activity in the event that I cannot be reached.

Printed Parent/Guardian's Name

Parent/Guardian's Signature

Date

NOTE: Insurance information is needed for hospital/medical facility to access and approve medical admittance for student in your absence. This information will be kept in the strictest of confidence.

AS OF 08/09 A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED