



This form will be valid for the 2019-2020 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 Beth Erickson in the Student Ministries Office
or JoAnna Flynn in the Children's Ministries office.**