



## MEDICAL INFORMATION AND CONSENT FORM

Student's Name: \_\_\_\_\_ Name You Go By: \_\_\_\_\_  
FIRST NAME LAST NAME

Sex: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Medical History:** (ongoing illnesses, conditions, operations etc.) \_\_\_\_\_

Current Medications: \_\_\_\_\_

Last Tetanus Immunization: \_\_\_\_\_

Allergic To: \_\_\_\_\_

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: \_\_\_\_\_ BEST PHONE: \_\_\_\_\_ - \_\_\_\_\_

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### ADULT CONSENT:

*Student Ministry Staff and the LV|first 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. I further grant permission to LV|first to use photographic images or video recorded footage of my child for Elevate Student Ministry promotional purposes. And lastly, I also grant permission for LV|first staff to search my child's belongings if there is suspicion of illegal substances or not allowed items present.*

PRINTED PARENT/ GUARDIAN NAME

PARENT/GUARDIAN 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.*

**A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED TO THIS FORM.**