

**COLLEGE CHURCH OF THE NAZARENE
Jr. High Medical and Travel Release Form**

The following health record must be filled out for each student by the parent or guardian, or the student cannot be a part of any College Church Junior High activity. Unless the information changes, this form will be accepted for the entire time the student is in the Jr. High department at College Church. Please *print* below.

Student Information

Name _____ Date of Birth ____ / ____ / ____
Home Address _____ City _____ Zip Code _____
Home Phone (____) _____ Alternate Phone (____) _____
Height _____ Weight _____ Hair Color _____ Eye Color _____
Student's Social Security Number _____
Parents/Guardians _____ Contact Number _____
_____ Contact Number _____

Medical History

Please list any medical problems _____

Allergies _____
Past surgeries _____
Date of tetanus shot or booster _____ List any drug allergies _____
List any food allergies _____
Please check any condition that it would be important for the physician to know about:
 Allergy Asthma Diabetes Epilepsy Hearing Heart
 Vision Other Explanation of other _____
Note any handicap _____
Student's doctor's name _____ Phone (____) _____

(See other side)

Medical Insurance Information

Insurance Company _____

Address _____ City _____ Zip _____

Phone (____) _____ Policy Number _____

Group Number _____ Insurance Card Holder _____

Card Holder's Social Security Number _____

Emergency Contact Information

Name _____ City _____ Phone (____) _____

Alternate Contact Information

Name _____ City _____ Phone (____) _____

Treatment

In case of emergency, I hereby give permission to the physician selected by the College Church staff and or assigned personnel to hospitalize, secure treatment for, and to order injection, anesthesia and / or surgery for the student named above.

Punctuality

I agree that my student should be punctual for designated departure times. If my student is more than 15 minutes late for an announced departure I authorize College Church to leave my student at the event. It will be my responsibility to get them home. I realize this will occur after all reasonable attempts to locate my student have been made within the time frame. This will also occur after phone calls have been placed in attempt to locate and inform me. I agree that it is my responsibility to insure that my student is picked up at the designated time at the church. If this does not happen, I agree to allow my student to be left at the church after phone calls have been placed.

Student Signature _____

Parent / Legal Guardian Signature _____