



EDGE Student Ministry Student Information & Medical Consent

Student Information

Name: _____ Birthdate: _____ / _____ / _____ Male
Name Student Prefers To Be Called Month Day Year Female

 First Name Middle Name Last Name

School: _____ Current Grade: _____

Phone: (_____) _____ - _____ Email: _____

Use the following methods to contact this student: Phone Email Text Messages

Any other comments concerning this student: _____

Address

Physical Address: _____
(Address student(s) resides)

 City State Zip

Mailing Address: _____
(If different from physical)

 City State Zip

Home Phone: (_____) _____ - _____

Parents/Guardians

Parent/Guardian 1

Name: _____ Relationship: _____
First Name Last Name

Cell Phone: (_____) _____ - _____

Please use the following methods to contact me with church announcements:

Email Text Messages

Email Address: _____

Parent/Guardian 2

Name: _____ Relationship: _____
First Name Last Name

Cell Phone: (_____) _____ - _____

Please use the following methods to contact me with church announcements:

Email Text Messages

Email Address: _____

Emergency Contacts

In case of an emergency, every effort will be made to contact a parent or guardian. If parent or guardian is not available, notify:

Emergency Contact 1

Name: _____
First Name Last Name

Relationship: _____

Phone: (_____) _____ - _____

Emergency Contact 2

Name: _____
First Name Last Name

Relationship: _____

Phone: (_____) _____ - _____

Insurance Information

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Contact Information: _____



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Medical & Allergies Information

Any Known Allergies? (Food, Animal, etc.)

No Yes

List Allergies: _____

Does this student have any known health problems that would restrict his/her participation in any activities?

No Yes

Explain: _____

Is this student on any regular medication? (Please include any medications this student will need to have with them during events and outings)

No Yes

Medications: _____

Physician Information

Physician/Practice Name: _____

Contact Information: _____

Van Rider

Initial

I give Center Grove Baptist Church permission to transport my child to and from any activity sponsored by Center Grove Baptist Church. I also agree to work with Center Grove to ensure my child understands and follows the rules and policies set by the Center Grove Transportation Ministry. (This information can be viewed online at centergroveonline.org/transportation)

Media Release

Initial

I give Center Grove Baptist Church the right and permission to use photographs and/or video of my child for any publicity efforts and promotional materials in any media (flyers, printed ads, electronic media, etc). I release Center Grove Baptist Church from liability for any violation of any personal right I may have in connection with such use.

Medical Consent

Initial

I understand that, in the event my child requires medical or dental treatment while engaged in activities with Center Grove Baptist Church, reasonable effort will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the Student Pastor or any adult sponsor acting on behalf of the ministry as agent for me, to consent to an X-ray examination; injections; anesthesia; medical, dental, or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

Parent/Guardian Consent

I, the undersigned, do hereby verify that to the best of my knowledge the information given on this form is accurate and current. If there are any changes to the information on this form I will notify Center Grove Baptist Church as soon as possible. I do hereby release and forever discharge Center Grove Baptist Church, all chaperones, and any ministries and ministers 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 an event or outing sponsored by Center Grove Baptist Church. This form is valid until a new form is completed for this student or notice is given that the form is no longer valid.

Signed: _____ Date: _____

Print Name: _____

Notary Public Seal

On this the ____ day of _____, 20 ____ the above signed personally appeared before me and is known by me, and in my presence, executed the within and foregoing permission and release form.

Signature: _____

Printed Name: _____

My Commission Expires ____/____/____