

First Assembly of God – Student Ministries - 2008
1225 College Station Rd, Athens, GA 30605 – 706.548.3409
Medical Permission and Release Form

The following information was derived from the registration form completed for any student ministry event, please take a moment and complete all information correctly, i.e. check spelling of names, area codes for telephone numbers, addresses, etc.

Student's Name _____ Date Completed _____
Address _____ Phone _____
Age _____ Birth Date _____ Grade In/Completed _____ Sex (circle) Male Female
Father _____ Work # _____ Mobile # _____
Mother _____ Work # _____ Mobile # _____
Guardian _____ Work Phone _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____
Family Dentist _____ Office Phone _____
Hospital Insurance [] Yes [] No Policy Number _____
Primary Insured _____ Name of Insurance Company _____
Insurance Company Telephone Numbers _____

***Please attach a copy of the front and back of your insurance card to be turned in with this form.*

List Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information: _____

I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

