

Back River United Methodist Church Medical Information Sheet

“Back River Youth Ministry exists to reach students at their level of spiritual interest and to help them become more devoted followers of Christ.”

Child's Name: _____

A. My child is covered under hospitalization insurance: ___ Yes ___ No

Insurance Company: _____ Phone #: _____

Policy Number: _____

Name of Policy Holder: _____

B. If I cannot be contacted in the event of an emergency, please contact:

Name: _____ Phone #'s: _____

Relationship to youth: _____

C. Family Physician: _____

Office Phone: _____

Please answer these questions regarding your child named above:

1. Any allergy to medications, foods, insect bites, etc.?
2. Does he/she take any medication routinely? If yes, list name of medication, dosage and schedule.*
3. Blood type (if known): _____
4. Any particular medical conditions which the Trip Leader or YouthWorkers should know about (physical, mental, and/or emotional):

Parent/Guardian signature: _____

Date: _____ **Home Phone:** _____

Mother/Guardian Cell: _____ **Work:** _____

Father/Guardian Cell: _____ **Work:** _____

** As a safety precaution, if your student is taking any medication, please give it to the Trip Leader. He/She will be sure to administer the medication as prescribed.*