

Medical Information and Authorization for Emergency Treatment
The Stone Church of Willow Glen
1937 Lincoln Ave, San Jose, CA 95125 (408) 269-1593

Student's Name _____ Date of Birth _____

Home Phone _____ School _____ Grade _____

Address _____

Parent/Guardian Names _____

Parent Address (if different from above) _____

Home Phone (if different from above) _____ Work Phone _____

Work Phone _____ Cell Phone/Pager _____

Emergency Contact & Phone _____

Emergency Contact & Phone _____

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Insurance Carrier _____

Policy Number _____ Phone _____

(Please provide a photocopy of the front and back of your current health insurance provider's card and staple to this form. Thank you.)

Please list any medical allergies, medications currently being taken, medical problems (asthma, diabetes, migraines, for example), and any pertinent health-related information.

(This information will accompany your child on the trip and will remain on file at church. Please update as needed.)

AUTHORIZATION

I hereby authorize _____ (student's name) to participate fully in any activities that take place off the grounds of Stone Church during the 2006-2007 year. I hereby request and authorize any adult conducting such activities for the church to secure emergency medical treatment at any hospital or medical facility, or by any qualified medical personnel, for said child, and I agree to pay for same.

Parent/Guardian Signature

Date

This authorization is effective from dated signature through and including October 2006 through Sept, 2007.