

**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 2011-2012 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 2011 through Sept, 2012.