

# Student Data / Health Form - 2016 - 2018

## Bel Air United Methodist Church

21 Linwood Avenue  
Bel Air, MD. 21014  
410-838-5181

### Student Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Twitter Name: \_\_\_\_\_

Facebook Name \_\_\_\_\_ Grade & School: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(Month) / (Day) / (Year)

Student Resides With: (Check One)  Father  Mother  Both  Legal Guardian

### Parent / Guardian Information

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

(Work #): \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

Father's Home Address (if different from above): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

Mother's Home Address (if different from above): \_\_\_\_\_

## MEDICAL INFORMATION

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

LIST ANY ALLERGIES, MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER MEDICAL INFORMATION THAT THE DOCTOR SHOULD BE AWARE OF. (Page attached)

2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_  
Date and Initials Date and Initials Date and Initials

**NOTE:** This form will remain valid for 2 years from notarized date. If medical information, including medications, changes during that time, a new form must be completed.

# YOUTH HEALTH / PERMISSION FORM 2016 -2018

## Bel Air United Methodist Church

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### RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

(please print)

**NAME OF CHILD:** \_\_\_\_\_

**IN AN EMERGENCY, IF I CANNOT BE REACHED, PLEASE NOTIFY THE FOLLOWING PERSON:**

\_\_\_\_\_

NAME

PHONE

I do hereby give my permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and, if available, a shoulder strap, and the vehicle is driven by an adult the age of 21 or older, while participating in the activities sponsored by Bel Air United Methodist Church.

I, the undersigned, understand that this form will incorporate all the terms and conditions of the notarized Medical Authorization Form.

I, the undersigned, do hereby release and forever discharge all event leaders and Bel Air United Methodist Church 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 all youth and church events.

\_\_\_\_\_  
(Signature) (Date) (Relationship)

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**(TO BE COMPLETED BY NOTARY) I,** \_\_\_\_\_ **as a**  
notary public, certify that I witnessed the signature of the above named \_\_\_\_\_,  
and said individual verified his/her identity to me on this date: \_\_\_\_\_, 20 \_\_\_\_.

**SIGNATURE:** \_\_\_\_\_

**My commission expires on:** \_\_\_\_\_ **NOTARY SEAL:**

Medication Administration for \_\_\_\_\_

Date: \_\_\_\_\_

Medication: \_\_\_\_\_

All Prescribed doses and frequency \_\_\_\_\_

Time or circumstance of administration \_\_\_\_\_

Duration of administration: \_\_\_\_\_

Reason for administration: \_\_\_\_\_

Side effects to be aware of: \_\_\_\_\_

Any additional instructions or follow-up: \_\_\_\_\_

Medication: \_\_\_\_\_

All Prescribed doses and frequency \_\_\_\_\_

Time or circumstance of administration \_\_\_\_\_

Duration of administration: \_\_\_\_\_

Reason for administration: \_\_\_\_\_

Side effects to be aware of: \_\_\_\_\_

Any additional instructions or follow-up: \_\_\_\_\_