

Golden Valley Lutheran Children's Ministry

Emergency Form for July 13-17, 2009

Student Information (Please Print)

Name of Student _____ Date of Birth _____
Address _____ Age _____
City _____ State _____ Zip _____
Phone Number (_____) _____

Emergency Contact Person:

Parent/Guardian Name: _____
Address (if different from student) _____
City _____ State _____ Zip _____
Phone Number (Home) (_____) _____ (Work) (_____) _____
(Cell) (_____) _____

Alternate Contact Person: (Use someone near the primary contact)

Name: _____ Relation: _____
Phone Number: (Home) (_____) _____ (Cell) (_____) _____

Medical Health Insurance Information

Please, understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. The following information will be used only to insure quality and quick medical services in conjunction with a release form that will be filled out by parents/guardians before any trips.

Do you have health insurance? _____ yes _____ no

Name of Insurance Company _____

Policy Number _____

Group Number _____

In whose name is the insurance? _____

Family Doctor _____

Phone Number _____

Health History:

Pre-existing or present medical conditions that the youth should be aware of:

Name and dosage of any medications that must be taken _____

Any allergies? _____ to medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Insect stings _____ Asthma

_____ Frequent Stomach Upsets _____ Epilepsy/Nervous Disorders _____ Physical Handicap

_____ Any major illnesses during the past year? _____

If any of the above are checked, please give details

Any activity restrictions? _____ yes _____ no What? _____

_____ Contact Lenses? _____

Any other needed information? _____