Northside Church of Christ
Student Ministry
Medical & Travel Release Form

Effective dates: January 1, 2021 to December 31, 2021

Please print or type. All information is requested to assist us in identifying appropriate care for participants and is confidential.

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Birthdate _____ Age _____

Home Address _____ Home Phone (_____)_____

City _____ State _____ Zip Code _____

Student lives with Mother Father Guardian: _____

Father's Name _____ Work Number (_____)_____ Cell Number (_____)_____

Mother's Name _____ Work Number (_____)_____ Cell Number (_____)_____

Emergency Contact _____ Relationship _____

Home Number (_____)_____ Work Number (_____)_____ Cell Number (_____)_____

Medical Contact Information

Name of Family Dentist _____ Office Phone (_____)_____

Name of Family Doctor _____ Office Phone (_____)_____

Hospital of Choice (if available as option) _____

Is student covered by medical or hospital insurance? (circle one) Yes No Insurance Carrier _____

Member Number_____ Policy/Group Number _____

Insurance Carrier Contact Information _____

This policy **does** **does not** (please circle) requires seeing a primary care physician. PCP : _____

Health History

Check all that apply. Give dates where available. Please provide any addition information needed for explanation.

_____ Frequent ear infections _____ ADD/ADHD _____ Heart defect/disease

_____ Convulsions/seizures _____ Diabetes _____ Bleeding/clotting disorders

_____ Migraine headaches _____ Mononucleosis _____ Asthma

Diseases

_____ Chicken pox _____ German measles _____ Bone/joint defects or back problems

If additional space is needed for explanation, please attach to it to the medical form.

Operations or serious injuries (please include dates) _____