

**OFFICE USE ONLY:**  
Class of \_\_\_\_\_

## **COLLEGE CHURCH OF THE NAZARENE Sr. High Medical Release Form**

The following health record must be filled out for each student by the parent or guardian, or the student cannot be a part of any College Church Senior High activity. Unless your information has changed, only one form is needed for the entire time the student is in Senior High Ministries. Please *print* below.

### **Student Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

### **Medical History**

Please list any medical problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Past surgeries \_\_\_\_\_

Date of tetanus shot or booster \_\_\_\_\_ List any drug allergies \_\_\_\_\_

List any food allergies \_\_\_\_\_

Please check any condition that it would be important for the physician to know about:

Allergy     Asthma     Diabetes     Epilepsy     Hearing     Heart

Vision     Other    Explanation of other \_\_\_\_\_

Note any handicap \_\_\_\_\_

Student's doctor's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**(See other side)**

**Medical Insurance Information**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Insurance Card Holder \_\_\_\_\_

Card Holder's Social Security Number \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Alternate Contact Information**

Name \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Treatment**

In case of emergency, I hereby give permission to the physician selected by the College Church staff and or assigned personnel to hospitalize, secure treatment for, and to order injection, anesthesia and / or surgery for the student named above.

Student Signature \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_