HEALTH FORM FOR *2016-2017* SCHOOL YEAR
YOUTH MINISTRY

First United Methodist Church
Albany, Georgia
Health and Medical Information

PLEASE USE BLACK INK.
PLEASE PRINT.

Name:_____ Address:_____
Age:_____ Current Grade:_____ Sex:_____ Date of Birth:_____
Home Phone # :_____ Student's Cell Phone # _____
Student's Email Address: _____

Mother's Name:_____ Address:_____
Mother's Phone # (Home):_____ (Office):_____(Cell):_____
Mother's Email Address: _____

Father's Name:_____ Address:_____
Father's Phone # (Home):_____ (Office):_____ (Cell):_____
Father's Email Address: _____
Emergency Name (other than parent):_____Phone #:_____

INSURANCE INFORMATION

Subscriber Name (Name in whom insurance is listed):_____
Insurance Carrier:_____ Group Name (Employer):_____
Insurance #:_____
PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

MEDICAL INFORMATION

Drug /Food Allergies:_____
Medications taken on a **regular basis**:_____
Medical Conditions:_____
Physician's Name:_____ Phone #:_____
Date of last Tetanus Booster:_____

Parents will be contacted immediately if medical treatment is necessary. I hereby give permission for the counselors of First United Methodist Church, Albany, Georgia, to consent for medical treatment by physician or hospital on the above said minor child.

_____ _____
Parent/Guardian Signature Date

Additional comments:_____
_____

Please be advised that except on special occasions, First United Methodist Church does not purchase additional insurance coverage for lost, misplaced or stolen personal items.

Check T-shirt size:
Adult __S __M __L __XL __XXL __XXXL

You may contact my Youth through: ☐ Cell ☐ Email ☐ Text ☐ Social Media