

St. James UMC After School
Health and Emergency Info Form

Student _____

(first name)

(last name)

Birth Date _____

Parent/Guardian _____ Daytime Phone _____ Cell _____

Parent/Guardian _____ Daytime Phone _____ Cell _____

If parent/guardian cannot be reached, please list a local contact person who knows your child's medical history and who has permission to authorize treatment if needed:

(name)

(phone number)

(relationship)

List individuals other than parent who can pick up your child if different than those listed above

(name)

(phone number)

(relationship)

(name)

(phone number)

(relationship)

Physician: _____ Phone _____

Dentist: _____ Phone _____

Health Insurance Carrier & Policy #: _____

Allergies (medicines, foods, bees, etc.) _____

Health Concerns (asthma, diabetes, seizures, injuries, etc.) _____

Current Medications _____

As a parent of _____, I give my permission for St. James Afterschool to take pictures and/or video of my child for use on St. James UMC website, brochures & program promotions. (Initial) _____

As a guardian of _____, I hereby give my consent for him/her to participate in organized games/activities. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. While I realize all precautions will be taken to guard my child from injury, I will not hold St. James Afterschool Program or program staff responsible for accidents that may occur. I warrant & represent that my child is in good physical health & condition & is able to participate in this program. (Initial) _____

I give permission for my child to be transported on the St. James United Methodist Church Vans & Bus. . (Initial) _____

Signed _____ Relationship _____ Date _____