



CREEKIDZ

Stoney Creek Free Will Baptist Church

752 Stoney Creek Church Road * Goldsboro, NC 27534 * 919-735-3916

STUDENT MEDICAL INFORMATION FORM

PLEASE PRINT THE FOLLOWING INFORMATION BELOW:

Student's Full Name: _____ Male Female

Mailing Address: _____

Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Home Phone Number: _____ Work Phone Number: _____

Dad's Cell Number: _____ Dad's Cell Service Provider: _____

Mom's Cell Number: _____ Mom's Cell Service Provider: _____

Addition Emergency Contact Person

Name of Additional Emergency Contact Person: _____

Relationship: _____ Phone Number : _____

MEDICAL INSURANCE INFORMATION (ATTACH A COPY OF CARD)

Name of Insurance Company: _____

Policy Number: _____

STUDENT'S MEDICAL INFORMATION

Family Doctor: _____

Medical Practice: _____ Located _____

Medical Practice Phone Number: _____

Please list any health condition, **food or drug allergy** or serious injury that might limit your activity, pose a risk to your health, or needs to be mentioned to health care personnel if any medical treatment and/or surgery become necessary.

Name of Prescription Medications currently taking:

Any Special Needs, Eating, Diets, or other Comments:

CONSENT & CERTIFICATION (IS VALID FOR ONE YEAR OF THE DATE SIGNED)

I hereby give my permission for myself or my child to participate in an activity organized by **Stoney Creek Church -- Stoney Creek Youth Ministries (EMERGE)**. I hereby release, hold harmless and absolve **Stoney Creek Youth Ministries (EMERGE)**, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the **Stoney Creek Youth Ministries (EMERGE)** staff or any adult chaperone acting on behalf of **Stoney Creek Youth Ministries (EMERGE)** with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my children's medical allergies, medications being taken, medical problems and other pertinent information. Finally, I agree that **Stoney Creek Youth Ministries (EMERGE)** may tape or photograph my child and record his or her voice during participation in the activity. I agree that **Stoney Creek Youth Ministries (EMERGE)** will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting and publicizing **Stoney Creek Youth Ministries (EMERGE)** whether during the activity or thereafter. I hereby release and discharge **Stoney Creek Church -- Stoney Creek Youth Ministries (EMERGE)** in Goldsboro, NC and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release. I understand that the activities may include field-trips, water sports, swimming, sporting events, and any other activities similar to and customarily associated with our ministries. I hereby certify that the aforementioned child is physically fit to engage in these activities.

Both parents must sign or the custodial parent must sign.

Youth's Signature & Date Legal Guardian's Signature & Date

Father's Signature & Date Mother's Signature & Date

Please return this form to the office before attending any functions.