

If your insurance information changes at any point during 2013 please contact Pastor Matt so he always has an updated form on file at all times.

# ***Tillamook Nazarene Student Ministries***

## ***2013 S.M.E.R.F.***

***(Student Medical Emergency Release Form)***

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Birthday: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### **Medical Information**

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone : (        ) \_\_\_\_\_ - \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please list all allergies and/or special medical needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Health History**

List any pre-existing or present medical conditions:

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List name and dosage of any medications that must be taken:

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Explain any activity restrictions that your child may have:

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Contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Any swimming restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list:

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Any activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list:

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I hereby, give my permission to allow Pastor Matt West or any other adult working or sponsored by Tillamook Church of the Nazarene to secure any medical treatment/injection/anesthesia/surgery for my child in the event that the need arises due to accident or illness during any designated church event. I understand that this form may be filed and used for more than one event over the course of the church year. Any change in medical insurance will require the completion of a new form. I also recognize that the church cannot be held liable for any accident that occurs during an event/activity/sponsored program.

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

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**\*Please attach a valid copy of your insurance card.\***