

If your insurance information changes at any point during **2016** please contact Pastor Matt so he always has an updated form on file at all times.

Tillamook Nazarene Student Ministries

2016 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 : () _____ - _____

Please list all allergies and/or special medical needs:

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Health History

List any pre-existing or present medical conditions:

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

Explain any activity restrictions that your child may have:

Contact lenses? Yes _____ No _____

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

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

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.