



# Jericho Road Project

## 2020 Health Form

### Student participant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Grade this coming Fall: \_\_\_\_\_ Age: \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### Parent/Guardian Information (if applicable):

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Primary care physician Information:

Dr. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Is Student covered by hospital insurance? Yes: \_\_\_ No: \_\_\_

### Insurance Information:

Insurance Company: \_\_\_\_\_  
Subscriber ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

### Emergency Contact information:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Medical Information/Release:

Please list any allergies or special medical Problems the student has on the lines below

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I give permission for VIP Student Ministries and the Jericho Road Project to give over the counter medication (ie. Tylenol, Advil, anti-acid meds, etc.) to my child and to seek medical attention in case of emergency.

\_\_\_\_\_  
Signature of Adult Participant, Parent, or Legal Guardian Date \_\_\_\_\_