



VIP Student Ministries

White Clay Creek Church
302/737-2100

2011-12 Student Medical Information

Student Information:

Name: _____

Address: _____ City/state/zip: _____

Birth date: _____ Grade in 11-12: _____ Age: _____

E-mail Address _____

Parent/Guardian Information:

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

I give permission for White Clay Student Ministries 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.

_____ Date _____

Signature of Parent/ Legal Guardian