



**VIP Youth & Young Adult Ministries**

**White Clay Creek Church**

**(302) 737-2100**

**2019-20 Student Medical Information**

**Student Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade in 2019-20: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell # \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ 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