



Permission Form

Indianola Community Church

I give permission for _____ to be with the Indianola Community Church youth group (student's name) at the following event _____ on this date _____.

I authorize the leaders to seek medical attention for my child if necessary.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

Signed, _____ Date _____

Health Information

Name of student _____ Date of birth _____
Address _____ Age _____
Town _____ Zip _____ Phone _____

Emergency Contact Person

Parent/Guardian Name _____
Address (if different from student) _____
Town _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____

Alternate Contact Person (In case parent/guardian cannot be reached)

Name _____
Relationship to student _____
Address _____
Town _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____

Name of Insurance Company _____

Policy Number _____

Group Number _____

In whose name is the insurance? _____

Family doctor _____

City _____

Phone number _____

Health History

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

List any allergies:

Date of last tetanus shot _____

Contact lenses? _____