

Date \_\_\_\_\_



**Student Emergency Contact and Health Information Form  
Sunrise Student Ministry**

**Please fill out this form completely and print legibly.** If any of this information changes after submitting this form, please inform the Student Ministry of these changes.  
Information about the youth participant

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_

H.S. Graduation year \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

**Information about the youth participant's parent/guardian  
(please fill out both if possible)**

*First Parent/Guardian Information*

Name \_\_\_\_\_

Relationship to Youth \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address \_\_\_\_\_

(if different from above)

*Second Parent/Guardian Information (leave line blank if same as first parent/guardian)*

Name \_\_\_\_\_

Relationship to Youth \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**Information about the alternate contact person**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical Information**

\*Please provide the most current medical information for the youth participant\*

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

Regular Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

Physical Limitations/Handicaps \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

I certify that all of the above information is correct and that I have read and understand the policies of the Sunrise United Methodist Church Student Ministry. I also agree to notify the church and/or the Student Ministry of any changes in this information. I understand that in an emergency involving my child, every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I give permission to the Pastors, staff and/or adult volunteers of Sunrise United Methodist Church to act on my behalf to secure medical treatment as necessary, including, but not limited to medical attention, anesthesia, surgery, and hospitalization. I understand that it is my responsibility to pay for any medical service required by my child while on this outing. I hereby absolve Sunrise United Methodist Church, its Pastors, staff, and adult volunteers from liability in acting on my behalf in this regard so long as they are not grossly negligent. If a dispute over any claim arises, I agree to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date