

FAMILY LAST NAME _____ HOME PHONE _____

Home Address _____ City _____ State _____ ZIP _____

Mother/Guardian _____ Phone (Circle: Cell / Home) _____

Mother/Guardian Email _____

Father/Guardian _____ Phone (Circle: Cell / Home) _____

Father/Guardian Email _____

Emergency Contact #1 (Circle: Mother / Father / Other) _____ Other Phone _____

Emergency Contact #2 (Circle: Mother / Father / Other) _____ Other Phone _____

Family Physician _____ Phone _____

Family Insurance Company _____ Policy # _____

	Student 1	Student 2	Student 3
Legal Name			
Date of Birth			
Known Medical Conditions			
Food Allergies and Food Intolerances			
Drug Allergies			
Over-the-Counter & Prescription Medications			
If needed, the Soul Garage staff/volunteers are permitted to give this student:	<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Benedryl <input type="checkbox"/> Nothing. Call me first!	<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Benedryl <input type="checkbox"/> Nothing. Call me first!	<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Benedryl <input type="checkbox"/> Nothing. Call me first!

I, (print parent/guardian name) _____, the legal guardian of the above named student(s) do hereby grant permission for proper medical attention to be given to any of the students listed above. I also grant permission for the above named students to be admitted into a medical facility if deemed necessary by an attending physician, in consultation with the adult sponsors of Maranatha Evangelical Free Church. I also agree to assume responsibility for any reasonable and necessary charges incurred during such hospital or clinic admittance. This form shall remain in effect until otherwise noted.

Parent/Guardian Signature _____ Date _____