Hope Chapel Youth Ministries
STUDENT INFORMATION / MEDICAL HISTORY FORM

(Please print all information / one per student please)

Name___________________________________ Grade (if summer, upcoming school yr.)________ Age_______

Address__________________________________ City, State, Zip____________________________

Father's Name (and address if different)____

____Phone (include area code)___________________________

Mother's Name (and address if different)____

____Phone (include area code)___________________________

Birthdate_________________________________ Sex (circle one) M F

In case of emergency notify____________________________________Phone_________________

Additional person (if above is not available)________________________________Phone_________________

Family Doctor____Phone_________________

Insurance Company______________________________Policy #___________________________

Other necessary insurance information____

If you have no insurance, please provide a Bank Card name, number and expiration date below:

____

Physical Condition of Student – (check any that apply and give more information on back of paper)

_______Allergies _______Stomach Upsets _______Heart Condition _______Asthma _______Diabetes

_______Epilepsy or other nervous system disorders _______Rheumatic fever _______Frequent Colds

_______Ear, nose, throat problems _______Other, please specify:________________________________

Date of last Tetanus shot (required)______________________

IN CASE OF EMERGENCY, I hereby give permission to the Hope Chapel leaders to select transportation to their chosen physician who may hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child as named above. I give permission to use my Bank Card number in the event I have no insurance carrier listed. Hope Chapel insurance will act as a secondary insurance if needed.

________________________________ ____________________________________ ____________

Print name of Parent/Guardian PARENT/GUARDIAN SIGNATURE Date signed

When all information if completed, please return to: Hope Chapel Youth Ministries
17417 N. 63rd Avenue, Glendale, AZ 85308