



# STUDENT MEDICAL INFORMATION

The Student Ministry of Pleasant Dale Church  
4505 W 300 N Decatur, IN 46733 (260) 565-3797



The following information will be kept on file for up to four years. After four years, this information will be discarded, and it will be necessary to fill out a new form for students who continue to participate in church-sponsored activities. Please contact the Church office or Pastor Jonathan Crandall at 260-223-5812 with any questions you may have or important changes in medical information.

DATE SUBMITTED: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ CIRCLE: MALE FEMALE

BIRTHDATE: \_\_\_\_\_ PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

### EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### HEALTH HISTORY (please explain any condition we should be aware of; *use back of form if necessary*):

Allergies (insect stings, drugs, food, etc.) \_\_\_\_\_

Normal Treatment of allergic reactions: \_\_\_\_\_

Please explain any other conditions (heart, diabetes, asthma, epilepsy, etc.): \_\_\_\_\_

Medication(s) Currently Taking: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_

### INSURANCE

Your medical insurance carrier will be billed for medical charges in the case of illness or injury while participating in church-sponsored activities or while on the church premises.

Your Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Other Helpful Insurance Information (specific contact information, etc.) \_\_\_\_\_