

**SAINT ANDREWS PRESBYTERIAN CHURCH
STUDENT INFORMATION FORM**

Student Name: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Parents' Names: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

List anything you want staff and adults volunteering with your child to know, such as learning needs and special considerations:

SUNDAY SCHOOL INFORMATION:

During the Sunday school hour (Sunday mornings, 9:50-10:45 am) where will you be located, and how should we contact you, in case of emergency?

PERMISSION, MEDICAL AND LIABILITY RELEASE STATEMENT

I give my permission for my child to participate in any local event on any date with Saint Andrews Presbyterian Church Children/Youth Ministries.

- I understand that activities may involve risk of personal injury and/or property damage, or loss of person or property. And I hereby waive and release all claims or rights against Saint Andrews Presbyterian Church, its officers, directors, coordinators, adult advisors, and all owners of equipment which may be used in this event for any and all injury, damage or loss of person or property incurred during this event.
- I understand that all participants are expected to conduct themselves in appropriate manner and to obey the adult chaperones.
- I understand that I will be contacted as soon as possible concerning any medical or behavioral problem with my child.
- I understand that photos and recordings from Saint Andrews Presbyterian Church's programs and events might be placed in a variety of media, which may be available on the internet. Saint Andrews does not identify individual's names, unless previously agreed upon by the individual, or if under 18, the individual's parent/guardian.
- I give my permission for, and will accept financial responsibility for, SAPC staff adult chaperones to act in my behalf in the event of a medical emergency for my child.
- I have reviewed the information that is on the Medical Information Form, and it is correct to the best of my knowledge.

Parent/Guardian Signature

Date

**SAINT ANDREWS PRESBYTERIAN CHURCH
MEDICAL INFORMATION FORM**

Child's Name _____ Birth Date _____

Insurance Company _____ Policy # _____

Policy Holder's Name _____

Employer (if group plan) _____

Insurance Phone # _____ Date of most recent Tetanus shot _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Raleigh Hospital Preference _____

Current Medications & Schedule _____

Known allergies _____

Special Dietary needs _____

Emergency Contact Information (If parent is not available):

Name _____ Relationship: _____

Phone # (Home): _____ Phone # (Cell): _____

I give my permission for Saint Andrews Presbyterian staff/volunteers to provide my child with over-the-counter medication (Advil, Tylenol, Benadryl, Dramamine, Pepto Bismal, etc.)

Yes **No** **Parent Signature:** _____

Other pertinent medical history: _____
