

**Please notify us with any changes to this information*

The ROCK Ministries to Students & their Families
Mercer Island Presbyterian Church
STUDENT EMERGENCY & MEDICAL INFORMATION

IMPORTANT: This form MUST be filled in COMPLETELY for your student to participate in any off-campus event or activity with the ROCK Ministries to Students and their Families. The information below is kept strictly confidential, for the ROCK staff's information only. We will keep this form on file for the current school year.

STUDENT NAME: _____ BIRTH DATE: _____

MEDICAL INFORMATION

MANDATORY: Date of last Tetanus shot: _____

Does your student experience any of the following & please explain:

- Asthma attacks (include exercise-induced asthma): _____
**If yes, student must bring full inhaler.*
- Chronic/Recurring illness _____
- Physical handicap or physical activity limitations: _____
- Please list and explain any other health conditions we should be aware of: _____

ALLERGIES & RESTRICTIONS: Please list all allergies and restrictions.

Food Restrictions (vegetarian/vegan preference and allergies): _____

Medications/Medical: _____

Environmental: _____

MEDICATIONS: Please list **ALL** medications student is currently taking (*mandatory*)

Medication	Condition being treated	Dosage/Special Instructions
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMERGENCY CONTACT INFORMATION (*mandatory*)

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Phone: _____ Phone: _____

Cell Phone: _____ Cell Phone: _____

Contact (if you cannot be reached): Name: _____ Phone: _____

INSURANCE INFORMATION (*mandatory*)

Name of Insurance Company: _____ Phone: _____

Policy Holder Name: _____ Policy Number: _____

LIABILITY & RELEASE INFORMATION

In the event that ANY insurance, medical, or emergency contact information changes it is the responsibility of the parent/student to update the MIPC Ministries to Student & their Families Emergency & Medical Information Form. Any and all financial charges incurred in the event of an emergency are the sole responsibility of the parent/family of the student or participant listed on this form. In the event of medical treatment, all expenses will be directly billed by the medical provider to the family. If the medical provider requires payment at the time services are rendered for the student and MIPC advances such payment (with the acknowledgment that MIPC is not required to do so), the parent/family agrees to reimburse MIPC for the full amount of such payment. By signing the trip Registration & Release form, the parent/guardian consents to this agreement.

Parent Signature: _____ Date: _____