

**2012 Bear Creek Church
Student Individual Information
for Middle School and High School**

Parents, please fill out a separate "page 2" for each of your children coming on youth group outings.

Student Last Name: _____ First Name: _____
Student date of birth: _____ Student cell phone (optional): _____
School: _____ Grade: _____

Student lives with (check what applies): Father Mother Legal Guardian
Please check one: Student's main address is the **same** as the parent one listed on "page 1".
 Student's main address is **different** than the parent one listed on "page 1". In this case, Student address is:
Street: _____
City: _____ Zip Code: _____

Student email (optional): _____
Student social security number
(optional, may help speed up emergency care process if needed): _____

MEDICAL INFORMATION

If your child has an individual insurance ID #, write it here: _____

Does your child have any allergies (food, medication, environmental such as pollen, animals, etc.)?

Check one: Yes No

If "yes", please list the substance(s) and kind of allergic reaction (i.e. penicillin – hives)

If your child has allergies, does s/he need to carry medication at all times? If so, please name the medication and describe how your child uses it:

Date of last tetanus shot: _____

Are all other immunizations up to date? Yes No Not sure

Does your student take any regular medications (including an inhaler)? Yes No

If "yes", please list:

*****If your child is planning to go on an overnight trip and will be bringing medication, you must fill out the separate medication form.*** Any additional concerns, please write on back.**