

*Student Medical Release and Information*

Full name of student: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Parents/Guardian Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Alternate Emergency Contact: : \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

List any know allergies or health conditions requiring treatment, restrictions, or other accommodation while at Oak Grove Presbyterian Church.

List any special dietary or special needs:

*Personal Insurance Information:*

Carrier or plan name: \_\_\_\_\_

Group No.: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name or policy holder \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security number of the policy-holder or insurance ID number \_\_\_\_\_

***Emergency Medical Authorization:***

*I hereby give permission for medical personnel selected by the Oak Grove Presbyterian Church to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the person listed above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Oak Grove Presbyterian Church for any necessary medical treatment of my child.*

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

(rev.9/10)

Oak Grove Presbyterian Church  
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