



Indy First Student Ministries 2020-2021

Student Information

Student Name: _____ Gender M/F Birthdate ____/____/____ Age ____

Student Address: _____
Street Name City State Zip Code

School: _____ Current Grade: _____ T-Shirt Size _____

Family Information:

(please check the boxes below of who the student lives with)

Parent/Guardian Name: _____ Phone Number () _____

Parent/Guardian Name: _____ Phone Number () _____

Parent Email Address: _____ @ _____

Emergency Contacts (other than parents)

Emergency Contact: _____ Phone Number () _____ Relationship: _____
First & Last Name

Emergency Contact: _____ Phone Number () _____ Relationship: _____
First & Last Name

Medical Information

Hospital Preference _____ Insurance Provider _____ Policy # _____

Has your student ever had a seizure? y/n

Does your student have any allergies? y/n

If yes, are the allergies life threatening? y/n If yes, please explain reaction _____

Does your student have any chronic illnesses or medical conditions? y/n

If yes, please explain _____

Medication Distribution

I give my permission to the staff of Indianapolis First Church of the Nazarene to administer the following medications to my child. Medications will be given according to the directions on the bottle. Over the counter dosage will be determined by the age of the student unless otherwise indicated by the parent/guardian. Prescription medication will not be administered unless an additional medication form is filled out and signed by a parent or guardian.

Tylenol Yes or No

Motrin/ Advil Yes or No

Benadryl Yes or No