

Contact/Medical Information Slip – 2011-2012

September 1, 2011-August 31, 2012

For Cornerstone Community Church Sponsored Events

Student Information:

Name _____		
Address _____		City _____
State _____	Zip _____	E-mail _____
Home Phone _____		Cell Phone _____
Health Insurance Carrier _____		Policy Number _____
Birth Date ____/____/____		Date of Last Tetanus Injection ____/____/____
Current Medications _____		
The following over-the-counter medications may be given to my child when needed:		
_____ Acetaminophen	_____ Ibuprofen	_____ Other (name) _____
Allergies _____		
Any Special Medical Instructions _____		
<i>(if necessary, please attach page with detailed explanation)</i>		

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's E-Mail _____ Father's E-Mail _____

In the event that I/we can't be reached, an emergency call may be made to the following person:

Name _____ Home Phone _____ Cell Phone _____

Parent / Guardian Signature _____
(Signature required)