

BLAZE Student Ministry

Emergency Medical Release and Medical Information

Student's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Health Insurance:**

Insurance Company: \_\_\_\_\_

Coverage Verification Phone Number: \_\_\_\_\_

Group Policy #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Medications:**

**Medication Allergies:**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

**Food Allergies:**

**Emergency Contact Name and Number:**

1. \_\_\_\_\_

1. \_\_\_\_\_ Cell# \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_ Cell# \_\_\_\_\_