



# THE GRID REGISTRATION, CONSENT AND MEDICAL FORM

(Students and Adults over 18 years of age do not require a Parent/Guardians signature)

6935 Columbia Pike, Annandale, VA 22003

703-256-8330 [www.annandale-umc.org](http://www.annandale-umc.org)

## MEDICAL RELEASE FORM AND MEDICAL HISTORY

Student's name:		<input type="checkbox"/> Female <input type="checkbox"/> Male	Nickname:
Birthdate:	Age:	Student's Grade:	Student's School:
Student's Cell:		Student's Email:	
Home Address:			
City	Zip	Home Phone:	
Mothers name:		Work Phone:	Cell Phone:
Mother email:			
Fathers name:		Work Phone:	Cell Phone:
Father email:			
Guardian (If Applicable):		Work Phone (If Applicable):	Cell Phone (If Applicable):
Guardian email (If Applicable):			
Health Insurance Company: <i>(Please attach a copy of your medical insurance card (both sides) to these pages.)</i>		Group Number	Policy Number
Primary Policy Holder's Name	Does your insurance company require a second opinion before emergency procedures are undertaken? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Family Physician:		Phone:	

## EMERGENCY CONTACT (IF PARENT'S CAN'T BE REACHED)

Name:		Relationship to parent:	
Home Phone:	Work Phone:	Cell Phone:	
Name:		Relationship to parent:	
Home Phone:	Work Phone:	Cell Phone:	

The following information is required to ensure that your student's individual needs are met while attending any functions of The Grid. Information is confidential and will be made available only to The Grid staff, adult volunteers, and medical professionals, i.e., those people who are directly responsible for your student's well being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For their safety and well-being, no student will be allowed to attend without an acknowledgement and authorization signature.

Date of student's last tetanus shot:

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, fainting, asthma, hyperactivity, nose bleeds, etc.) Please be specific:

Is your student allergic to any food, medication or insect bites? YES NO  
If Yes, please list particular allergy and probable reaction:

Is your student currently taking any medications? YES NO  
If "yes", please list all medications that your student will be bringing including instructions for administering:

DRUG NAME	DOSAGE	INSTRUCTIONS

**May the staff/adult counselor administer to your student the following 7 medications:**

1. Aspirin <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Aspirin substitutes <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Antihistamine or decongestant <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Motion sickness medication <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Laxative or anti-diarrhea <input type="checkbox"/> YES <input type="checkbox"/> NO	6. Antibacterial or antibiotic ointment <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Insect bite/poison oak ointment <input type="checkbox"/> YES <input type="checkbox"/> NO	

Specific Directions:

**ACKNOWLEDGEMENT AND AUTHORIZATION SIGNATURE**

YES NO My signature below confirms that the information on these pages is complete and correct as far as I know, and that I giving permission to The Grid staff and adult counselors as noted.

YES NO (Student's Name)\_\_\_\_\_ has my permission to participate in the activities and programs of The Grid. I understand that may involve transportation in church, volunteer or rental vehicles; worship, fellowship & recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. In case of medical emergency, I hereby authorize the calling of a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my young person.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If your student requires specialized care or diet, please contact us as soon as possible so that necessary arrangements can be made.*