



**getreal**  
STUDENT MINISTRIES

Event Name: \_\_\_\_\_

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

Student's Cell: \_\_\_\_\_

Parents / Guardian: \_\_\_\_\_

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

Parents: Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

Emergency Contact name and number: \_\_\_\_\_

Brief Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Permission to Treat

My Permission is granted for Jamey Fawcett to obtain necessary medical attention in the case of sickness or injury to my child while participating in \_\_\_\_\_. (Event name)

Family Doctor and number: \_\_\_\_\_

Medical Insurance Information (company and policy number):  
\_\_\_\_\_

Note: Attach copy of Insurance Card to this page.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_