

# 412 Naz Student Ministry – Universal Permission Form

Effective Dates: September 1, 2020 - August 31, 2021

## CONTACT INFORMATION

### STUDENT INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female

Nickname: \_\_\_\_\_ School: \_\_\_\_\_

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

### PARENT/ GUARDIAN INFORMATION

Name(s): \_\_\_\_\_

Email(s) : \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name: \_\_\_\_\_ #: \_\_\_\_\_ Type? \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_ Type? \_\_\_\_\_

### NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: \_\_\_\_\_ #: \_\_\_\_\_ Relation? \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_ Relation? \_\_\_\_\_

## MEDICAL INFORMATION

### PRIMARY CARE PHYSICIAN

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

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required): \_\_\_\_\_

### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary. List any medical conditions you have (asthma, diabetes, epilepsy, etc.)

