



**2010-2011 STUDENT INFORMATION FORM
Gulf Breeze United Methodist Church
(To be completed each school year)**

STUDENT'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____

(CITY) (STATE) (ZIP)

PARENT/GUARDIAN'S NAME(s): _____/_____

CONTACT PHONE(s): _____/_____

PARENT'S EMAIL: _____

EMERGENCY CONTACT INFO (IF DIFFERENT FROM ABOVE):

NAME: _____ CONTACT NO.: _____

PHYSICIAN: _____ PHONE NO.: _____

NAME OF INSURANCE CO: _____

POLICY NO: _____ GROUP NO: _____

DATE OF LAST TETANUS SHOT: _____

List allergies your child has and/or medications (**dosage AND purpose**) your child is taking or any other medical information a doctor should be aware of:

List any other information about your child that would be helpful for us to know:

I, the undersigned, do hereby release and forever discharge Gulf Breeze United Methodist Church (GBUMC) and sponsors from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury to my child whose name is listed above. My permission is granted to the GBUMC staff or GBUMC sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

Parent/Legal Guardian Signature: _____ Date: _____