



# Weekend Service Event

## Medical Information (for students staying overnight)

**NOTE:** This form is to be submitted for students that intend on staying overnight at the church on the night of Saturday, October 22, 2022.

If your student does not intend on staying overnight, please disregard this form.

### STUDENT INFORMATION

Full Name: \_\_\_\_\_ BC Care Card or Medical Insurance #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Gender:  Male  Female  
Province: \_\_\_\_\_ Age: \_\_\_\_\_  
Postal: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (W): \_\_\_\_\_  
Email: \_\_\_\_\_ Phone (C): \_\_\_\_\_

### SECOND PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (W): \_\_\_\_\_  
Email: \_\_\_\_\_ Phone (C): \_\_\_\_\_

### EMERGENCY CONTACT

Full Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone (W): \_\_\_\_\_  
Phone (C): \_\_\_\_\_



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### HEALTH HISTORY

Any allergies? (e.g., food, medication, plants, insects)

Yes  No

*If Yes, please list type of allergies & typical reactions.*

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Any Medical conditions and/or chronic illnesses? (e.g., frequent ear infections, heart disease, asthma, convulsion, diabetes, epilepsy, bleeding/clotting disorders, hypertension)

Yes  No

*If Yes, please list visible signs.*

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Any medically-prescribed meal plan, dietary restrictions, or special diet needs?

Yes  No

*If Yes, please explain.*

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Does your student have any physical, emotional, or behavioral concerns or limitations that we should be aware of?

Yes  No

*If Yes, please explain.*



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CENTRAL  
YOUTH