

**Stow Alliance Fellowship Youth (Grades 6-12)**  
**REGISTRATION AND MEDICAL CONSENT FORM**

For the school year  
20 \_\_\_/20\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian(s) Phone Number (s) \_\_\_\_\_

Parent/Guardian(s) Email Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Emergency Contact (other than Parent/Guardian)

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Insurance Company Name and Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies (Medicine, Food, Other)

\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child taking any or bringing any medication with him / her?  Yes  No

If yes, please list (include times taken) \_\_\_\_\_

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- Telephone (home / work / cell)                       Social Media Networks\* (except for Snap Chat)
- Email \*    Text messages\*    I/we do not wish for my student to be contacted for personal ministry

\* For Young People 13 years of age and older

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Insurance Company Name and Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies (Medicine, Food, Other)

\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child taking any or bringing any medication with him / her?  Yes  No

If yes, please list (include times taken) \_\_\_\_\_

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\* For Young People 13 years of age and older

I have read, understood and agree with ALL of the above.

Parent's Signature \_\_\_\_\_

Parent's Printed Name and Date \_\_\_\_\_

**Stow Alliance Fellowship Youth (Grades 6-12)**  
**REGISTRATION AND MEDICAL CONSENT FORM**

For the school year  
20 \_\_\_/20\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian(s) Phone Number (s) \_\_\_\_\_

Parent/Guardian(s) Email Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's Email Address \_\_\_\_\_

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Parent/Guardian(s) Email Address \_\_\_\_\_

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For the school year  
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Is your child taking any or bringing any medication with him / her?  Yes  No

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Parent's Printed Name and Date \_\_\_\_\_

**Stow Alliance Fellowship Youth (Grades 6-12)**  
**REGISTRATION AND MEDICAL CONSENT FORM**

For the school year  
20 \_\_\_/20\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian(s) Phone Number (s) \_\_\_\_\_

Parent/Guardian(s) Email Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

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Insurance Company Name and Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies (Medicine, Food, Other)

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**REGISTRATION AND MEDICAL CONSENT FORM**

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**Stow Alliance Fellowship Youth (Grades 6-12)**  
**REGISTRATION AND MEDICAL CONSENT FORM**

For the school year  
20 \_\_\_/20\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian(s) Phone Number (s) \_\_\_\_\_

Parent/Guardian(s) Email Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's Email Address \_\_\_\_\_

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Insurance Company Name and Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies (Medicine, Food, Other)

\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child taking any or bringing any medication with him / her?  Yes  No

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Parent's Signature \_\_\_\_\_

Parent's Printed Name and Date \_\_\_\_\_

**Stow Alliance Fellowship Youth (Grades 6-12)**  
**REGISTRATION AND MEDICAL CONSENT FORM**

For the school year  
20 \_\_\_/20\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian(s) Phone Number (s) \_\_\_\_\_

Parent/Guardian(s) Email Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's Email Address \_\_\_\_\_

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Insurance Company Name and Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies (Medicine, Food, Other)

\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child taking any or bringing any medication with him / her?  Yes  No

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Parent/Guardian(s) Email Address \_\_\_\_\_

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- Telephone (home / work / cell)                       Social Media Networks\* (except for Snap Chat)
- Email \*    Text messages\*    I/we do not wish for my student to be contacted for personal ministry

\* For Young People 13 years of age and older

I have read, understood and agree with ALL of the above.

Parent's Signature \_\_\_\_\_

Parent's Printed Name and Date \_\_\_\_\_

**Stow Alliance Fellowship Youth (Grades 6-12)**  
**REGISTRATION AND MEDICAL CONSENT FORM**

For the school year  
20 \_\_\_/20\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian(s) Phone Number (s) \_\_\_\_\_

Parent/Guardian(s) Email Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Emergency Contact (other than Parent/Guardian)

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Insurance Company Name and Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies (Medicine, Food, Other)

\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child taking any or bringing any medication with him / her?  Yes  No

If yes, please list (include times taken) \_\_\_\_\_

\_\_\_\_\_

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