

**TOWEL MINISTRY - 2010**  
C/O Rev. Deacon Michael L. Jenkins  
5165 Hayes Waters Rd.  
Morganton, NC, 28655, 828-205-4014

MEDICAL AND EMERGENCY INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent's or Guardian's Name(s) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Number (if applicable) \_\_\_\_\_

Father's Work Number \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

In case of emergency, and you are unable to be reached, please list who we should call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Clergy's Name and Number \_\_\_\_\_ Parish \_\_\_\_\_

Does your child have any medical illnesses or conditions that we need to be aware of? If so, please detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require any special dietary needs? If so, please detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies to drugs, food, bee stings, sun, etc.? If so, please detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INSURANCE INFORMATION

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Identification Number \_\_\_\_\_

Pre-certification and/or Verification of Coverage Phone Number \_\_\_\_\_

**PLEASE ATTACH A PHOTOCOPY OF EACH SIDE OF  
YOUR HEALTH INSURANCE COVERAGE CARD**  
**Your Insurance is the only coverage. Towel Ministry, St.  
Mary's Church and the Diocese of WNC is not liable for  
insurance coverage.**