

**TOWEL MINISTRY – 2008**  
**St. John's Episcopal Church**  
**311 S. Main St. – Marion, NC 28752**  
**Phone (828) 652-4144**

**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.  
John's Church, the sponsoring church and the Diocese of  
WNC is not liable for insurance coverage.**