

**BEACH TOWEL MINISTRY – June 24th - July 1st**

**St. Peter's by-the-Sea Episcopal Church**

P. O. Box 337, Swansboro, 503 W. Broad St., NC 28584

Phone (910) 326-4757 \*\* saintpetersbythesea.org \*\* email - office@saintpetersbythesea.org

Facebook - Towel Ministry's Beach Towel

**Medical and Emergency Information**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

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

Email Address \_\_\_\_\_ (please print clearly)

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

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

Phone Number(s), including cell phone \_\_\_\_\_

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

**DATE OF LAST TETNUS SHOT** \_\_\_\_\_

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 medications, while attending Beach Towel? If yes, please list here:

\_\_\_\_\_

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

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

Does your child require a vegetarian meal? YES or NO

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. Beach Towel Ministry, St. Peter's by-the-Sea Episcopal Church and the Diocese of East Carolina are not liable for insurance coverage.**