First Baptist Health Form (Must be completed by parent or guardian)

Name:_____Sex: F___ M___ Age___
Date of Birth:_____
Address: _____City:_____
State:_____ Zip:_____Phone: _____

Part 1-Are there any health restrictions that the church should be aware of?
Yes_____ No_____ If yes, please explain:_____
Date of last physical examination: _____

Immunizations: Date of last Tetanus Shot_____Tetanus booster_____
DPT Series_____DPT Booster_____Polio_____Polio Booster_____

Health Concerns:(yes or no) Allergic to: Penicillin____Sulfa____Other meds_____
Bee Stings____Wasp Stings)____Other Insect Stings_____
Poison Ivy____Other Allergies_____

(yes or no) Subject to: Convulsions____Asthma____Skin Rash____Fainting____
If yes, please explain_____

Recent Surgery:_____
Recent exposure to communicable disease:_____
Heart Disease:_____
Diet Restrictions:_____
Information church should have (physical or mental limitations, behavioral disorders, etc.)_____

Please note: Church Staff can not administer Tylenol, Benadryl, Antacids, etc., without written permission from parent of guardian. None of these is in first aid kit. If child needs to have them, you must send them with a signed note.

Part 2: Person to notify in case of emergency:_____
Relationship:_____Home Phone:_____
Work Phone:_____Cell:_____Other:_____
Doctor:_____Phone:_____

Part 3: Health/Accident Insurance Company Name:_____
Policy Number:_____Group Number:_____

Please note: The First Baptist Church insurance policy stipulates that your insurance company will be the primary policy and that the church insurance for accidents will be secondary, covering the costs that your policy does not.

Part 4: In case of accident or illness; I hereby authorize medical treatment and/or care of my child by a licensed physician or the hospital staff of any licensed hospital at the discretion of the church or the sponsor in charge of the activity.

Signature:_____Date:_____
Relationship to participant:_____