

2018-19 PARTICIPANT FORM: FBC Headland Student Ministry

The First Baptist Church, 301 East Church Street, Headland, Alabama 36345, (334) 693-3220

Participant's Name _____

Grade _____ DOB _____

Address _____

Parent or Guardian's Name _____

Home Phone _____ Work Phone _____ Cell _____

Alternate Person to Contact _____

Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Medical Profile

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma Sinusitis Hay Fever

Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset

Explanation: _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone _____

ATTACH A COPY OF THE INSURANCE CARD TO THIS FORM

Permission for Attendance, Medical Treatment, and Photography/Video

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age), give my permission for an attending physician or hospital to administer medical care if deemed necessary by First Baptist Church, Headland, on trips, events, and other activities sponsored by the Church from August 1, 2018 through July 31, 2019. If there is personal injury or sickness, permission is given for the staff or designated leader of the group to obtain emergency or medical treatment (specifically at a hospital). I assume full responsibility for the payment of any reasonable charges for services rendered. Also, I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age), give my permission to be photographed or videotaped during normal event activities and these photos/videos may be used in promotional materials.

Adult Participant or Parent/Guardian Signature: _____ Date: _____

NOTARY ACKNOWLEDGEMENT

State of Alabama

County of _____

Personally appeared before me, _____ with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purpose therein contained.

Witness my hand this _____ day of _____, 20_____.

Notary Signature: _____

My Commission expires: _____