

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

Name: _____ **Sex:** F__ M__ **Age:** _____
Date Of Birth: _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **Phone:** _____

Part-1 Are there any health restrictions the church should be aware of?
Yes ___ **No** ___ If yes please explain: _____
Date of last physical examination: _____

Immunization Last Tetnus shot: _____ Tetnus Booster _____ DPT series _____
Dates: DPT Booster _____ Polio _____ Polio Booster _____

Health Concerns: (answer yes or no) Allergic to: Penicillin ___ Sulfa ___ Other Medicines ___ Bee Stings ___
Wasp Stings ___ Other Insect Stings ___ Poison Ivy ___ Other Allergies _____

(answer 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 explain: _____

Please note: Church Staff cannot adminster Tylenol, Benadryl, Antacids, etc... without written permission from a parent or guardian. If your child needs to have any of these you must send them with your child. if they go on a trip.

Part II Person to notify in case of emergency: _____
Relationship to: _____ Home Phone: (_____) _____
Work Phone: (_____) _____ Cell Phone: (_____) _____
Doctor: _____ Phone: (_____) _____

Part III Health/Accident Insurance Company Name: _____
Policy Number: _____ Group Number: _____

PLEASE NOTE: THE FIRST BAPTIST INSURANCE POLICY STIPULATES THAT YOUR INSURANCE COMPANY WILL BE THE PRIMARY POLICY AND THAT THE CHURCH INSURANCE FOR ACCIDENTS WILL BE SECONDARY, COVERING THE COST THAT YOUR POLICY DOES NOT.

Part IV 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 Paticipant: _____