



**Beebe First Baptist Church Youth Ministry
Individual Medical Form
PLEASE FILL OUT ALL LINES:**



Name: _____ Birthday: _____
 Soc. Sec. #: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip _____
 Cell Phone: _____

In case of emergency notify: _____
 Home phone: _____ Cell phone: _____
 2nd Contact: _____
 Home phone: _____ Cell phone: _____
 Family Physician: _____ Phone: _____
 Medical Insurance: _____ Policy # _____
 Billing Address: _____

Medical History

(Attach any explanation on a separate sheet)

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Stomach Upsets
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Headaches	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Diabetes	

Other: _____
 Date of last tetanus shot: _____
 Current Medications (include dosage/time): _____

Allergies:

Food: _____
 Penicillin or Other Drugs: _____
 Insect Stings/Bites: _____
 Poison Sumac, Oak, or Ivy: _____
 Other: _____
 Current Medications (include dosage/time): _____
 My child may / may not be given Tylenol: _____

Childhood Diseases:

Chickenpox Measles Mumps Whooping Cough
 Other: _____

Any known reasons for restricted activity: _____

Previous operations or serious illnesses (give details): _____

****Please fill out both sides of this form****

ACTIVITIES PERMISSION SLIP

Being advised of the nature and extent of First Baptist Church Youth Activities, I certify that _____ is physically and mentally capable of participating and that he / she has my permission to travel to and attend any scheduled events of the First Baptist Church Youth Ministry. This permission slip and medical form is in effect from the date signed below until this youth graduates from the youth program of FBC or moves his/her membership to another church.

In the event of sickness or injury at church sponsored activities or in transit, I grant permission for a First Baptist Staff member or chaperone in charge to obtain necessary emergency medical attention for _____.

Should there be any change of information during the time this medical form is in effect, or if the need should arise to provide additional information, I promise to update this form.

Signed this _____ day of _____ 20__

Signature of Parent or Guardian