

Parental Consent/Medical Treatment Form

In the unlikely event that a medical emergency should arise while your student is at First Baptist Church during the period of _____, we need the following information as well as your consent for any necessary emergency treatment. Please fill out this form and return to church office.

Child's Name: _____
(last) (first) (middle)

Address: _____
(street) (city) (zip)

Birthdate: ____ / ____ / ____ Age: ____ Sex: ____ Grade: ____ School: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____

Emergency Contacts: 1) _____
(First and Last Name) (Phone Number)

2) _____

Personal Insurance Information (Please list company, policy number, and group number):

In the unlikely event that a medical emergency should arise for my child, the following information is needed:

I hereby give my consent to leaders of this church sponsored event to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care for the minor child named above. I understand that all efforts will be made to contact me.

Parent Signature Parent Printed Name Date

Health History: Check if any apply

Other:

_____ Rheumatic Fever

_____ Asthma

_____ Epilepsy

_____ Convulsions

_____ Diabetes

_____ Behavior or other items that would be helpful for us to know regarding your child's health (Describe below—e.g., nosebleeds, headaches, etc.).

Allergies to:

_____ Aspirin

_____ Penicillin

_____ Other drugs (list below)

Foods: _____