

**FIRST BAPTIST CHURCH STUDENT MINISTRY
MEDICAL RELEASE**

20 Fourth Street
Graham, TX 76450

549-2360

May 2010 – May 2011

Student's Name _____ Sex _____
Address _____ City _____ Zip _____
Home Phone _____ Student's Cell Phone _____
Birth Date _____ Current Grade _____ Student's Weight _____
Parent's Name _____
Are you and your family members of First Baptist Church? _____
If not, are you active in a local church? _____
If yes, where? _____

MEDICAL INFORMATION

Family Physician _____ Phone _____
Allergies _____
Physical disorders: (diabetes, epilepsy, asthma, fainting, heart condition, or other)

Has your child been diagnosed hyperactive, ADD, or Learning Disabled?
If yes, please give diagnosis and describe treatment and special instructions:

List all medications currently taking _____
Date of last tetanus shot _____
Can child take part in regular activities including swimming? _____

EMERGENCY CONTACT INFORMATION

Mother's Name _____ email address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Father's Name _____ email address _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
Other Emergency Contact
Name _____ Relationship to child _____
Home Phone _____ Work Phone _____ Cell Phone _____

MEDICAL TREATMENT AUTHORIZATION

_____ has my permission to engage in prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injections, surgery, or any other medical and/or dental treatment that may be deemed necessary to insure the well-being of the above named. I also authorize the adult leader(s) in charge to transport my child at their discretion in case of an emergency.

Parent's Signature _____ Date _____

Printed Name _____

Please attach a copy of your family insurance card

NON-PRESCRIPTION MEDICATIONS

The following non-prescription medications will be available at our first aid station for your child if necessary. Your permission is necessary before any medication can be administered. Any medication you **DO NOT** wish your child to have **SHOULD BE CIRCLED: Robitussin** (for cough, congestion, etc.) **Tylenol** (for headache, fever, general aches) **Mylanta** (for upset stomach) **Benadril** (for itching or antihistamine for relief of allergy symptoms.)

List any other Medications, (Prescription and Non-Prescription) that you give your permission for your child to take:

Student's Name _____ has my permission to take the above if deemed necessary by the adult leader in charge of first aid.

Parent's Signature _____

Date form completed _____

Family Life Center Rules

The Family Life Center of First Baptist Church is dedicated to Jesus Christ.

1. Any and all actions will reflect a Christlike attitude
2. Proper attire is required at all times
3. Foul or obscene language is not allowed
4. All equipment must be handled properly
5. Follow instruction from adult leaders
6. Authorize taking of student picture for internal records

Student signature _____ Date _____

Parent's Signature _____ Date _____