

Name of Child _____ Date of Birth _____

Parent/guardian information.

Name: _____ Name: _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Address: _____ Address _____

Minor's Physician: _____ Phone # _____

Medical/Hospital Insurance Carrier _____ Group # _____

Insurance Address for filing: _____

Are you a member of an HMO? _____ Is activity restricted? _____

If yes, explain: _____

Chronic/Recurring Conditions: (please check any that apply)

Asthma/respiratory problems _____ Seizure disorders _____ Diabetes _____ Fainting _____ Headaches _____

Heart disease _____ Kidney disease _____ Nosebleeds _____ Other: _____

May be given Tylenol: Yes / No Does your child ever sleepwalk? Yes / No

Current Medications: (include strength and dosage) _____

Allergies: _____

Tetanus (date given): _____

In case of emergency, Parent/Guardian can be reached at: (_____) _____ - _____

Parent/Guardian Statement: I authorize the adult in charge to consent to medical treatment when I cannot be contacted. I understand that every effort will be made to contact me before such action is taken. I assume financial responsibility for emergency care if such care is not covered by the church insurance.

Mother's Signature _____

Mother's Name (printed) _____

Father's Signature _____

Father's Name (printed) _____

Release of Liability: I give permission for my son/daughter, _____, to attend First Baptist Church of Dade City's Student Activities. I do not hold First Baptist of Dade City liable for any injuries, accidents, or illnesses incurred during any activity.

Please Notarize Here!

State of Florida and County of Pasco

Sworn to and Subscribed before me this _____ day of _____, 20__ by _____ who is personally known to me or has produced _____ as identification.

Notary Public

Signed (Parent/Guardian) _____

Printed Name _____

Date _____