



First Baptist Church
 306 S. 10th Street • Pflugerville, TX 78660
 (512) 251-3052

STUDENT MINISTRY EVENT: _____

CHAPERONE'S MEDICAL RELEASE & CURRENT HEALTH INFO

TODAY'S DATE _____

CHAPERONE'S FULL NAME:

_____ Date of Birth ____ / ____ / ____
LAST NAME FIRST NAME MIDDLE NAME XX XX XXXX

Address _____ Home Phone _____

Name of Spouse / Closest Relative _____

Home Phone _____ Work Phone _____ Cell / Pgr. _____

If unable to reach Spouse / Relative, call:

Name _____ Relation _____

Home Phone _____ Work Phone _____ Cell / Pgr. _____

Physician's Name _____ Phone _____

Address _____
STREET CITY / ZIP

Hospitalization Insurance Company _____

Primary Insured _____ Relation _____

Policy # _____ Group # _____

Certificate # _____ Primary's SSN _____ - _____

Your SSN (if different from Primary) _____ - _____

Local Insurance Rep. _____

Current Medications you are taking: *(for additional meds, attach separate page)*

Drug Name Taken for Dosage / X's Daily

Allergies:

Medicine: _____

Foods: _____

Environmental: _____

Date of your last Tetanus shot: _____

Are you diabetic? _____

If yes, are you on insulin? _____ What type? _____

Who will be responsible for shots? _____

Have you ever had any type of convulsion / seizure? _____

If yes, what was the type & cause? _____

Are you prone to fainting or blackouts? _____

Do you wear contact lenses? _____ Hard or Soft Lenses? _____

Is there any other medical information that we should know about you? _____

CHAPERONE'S NAME _____
SEX: MALE _____ FEMALE _____

I understand that in the event medical treatment is required, and I am incapacitated, my spouse / closest relative will be contacted. However, if they cannot be reached, I give my permission to the leader in charge to secure the services of a licensed physician or emergency medical personnel to provide any necessary medical and/or surgical treatment in the event of an emergency due to sickness or accident.

SIGNATURE DATE

Copy Insurance ID card & attach. Be sure copy is readable!