



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

STUDENT MINISTRY

EVENT: _____

PERMISSION TO ATTEND EVENT — MEDICAL RELEASE & CURRENT HEALTH INFO

TODAY'S DATE _____

STUDENT'S FULL NAME:

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

Address _____ Home Phone _____

Name of Parent / Guardian _____

Home Phone _____ Work Phone _____ Cell / Pgr. _____

If unable to reach Parent / Guardian, call:

Name _____ Relation _____

Home Phone _____ Work Phone _____ Cell / Pgr. _____

Physician's Name _____ Phone _____

Address _____
STREET CITY / ZIP

Hospitalization Insurance Company _____

Policy in Name of _____ Relation _____

Policy # _____ Group # _____

Certificate # _____ Primary's SSN _____ - -

Student's SSN _____ - -

Local Insurance Rep. _____

Current Medications Student is taking: *(for additional meds, attach separate page)*

Drug Name Taken for Dosage / X's Daily

Allergies:

Medicine: _____

Foods: _____

Environmental (poison ivy, poison oak, insects, etc.): _____

Date of student's last Tetanus shot: _____
Is student diabetic? _____
If yes, are they on insulin? _____ What type? _____
Who will be responsible for shots? _____
Has student ever had any type of convulsion / seizure? _____
If yes, what was the type & cause? _____
Is the student prone to fainting or blackouts? _____
Does the student wear contact lenses? _____ Hard or Soft Lenses? _____
Is there any other medical information that we should know about your student? _____

STUDENT'S NAME _____
GRADE: _____ SEX: MALE _____ FEMALE _____

I hereby give my permission for my child to attend this event and participate in the First Baptist Church Student Ministry.

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the leaders 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.

PARENT / GUARDIAN SIGNATURE DATE

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