

Health Release Form

Student's Name _____ Birth Date _____
Home Address _____ Phone _____
(Street)

(City) (State) (Zip)

Mother or Guardian's Name _____
Home Address _____
(If Different)

(City) (State) (Zip) Phone _____

Place of Employment _____ Work Phone _____

Father or Guardian's Name _____
Home Address _____
(If Different)

(City) (State) (Zip) Phone _____

Place of Employment _____ Work Phone _____

Emergency Contact if Parent or Guardian(s) cannot be reached:
Name _____ Phone _____

(Street) (City) (State) (Zip)

Insurance Carrier _____ Policy No. _____

Cardholder's SS # _____ Cardholder's DOB _____

Physician's Name _____ Phone _____

Please include a copy of your insurance card (FRONT and BACK of card).

Has student had?

Chicken Pox? ___ Yes ___ No Appendix removed? ___ Yes ___ No Fainting spells? ___ Yes ___ No

Convulsions? ___ Yes ___ No Asthma? ___ Yes ___ No Diabetes? ___ Yes ___ No

Heart trouble? ___ Yes ___ No Insect Bite Allergy? ___ Yes ___ No If Yes, what insect? _____

Food allergies? _____ Drug allergies? _____

Date of last Tetanus: _____

Please list **any** special conditions, restriction, etc. that staff and medical personnel should be aware of:

ALL medication prescription and non-prescription must be listed:

<u>Medication</u>	<u>Taken for:</u>	<u>Dosage</u>	<u>Time/Day</u>
-------------------	-------------------	---------------	-----------------

Medications:

Is student taking any medication that must be given while at Youth event? ___ Yes ___ No

If yes, please complete and sign the information/authorization below. FBC Youth staff is not allowed to give any type of shots.

I give my permission for the FBC staff or camp medical staff to administer the medications listed above to my child _____.

(student)

(Parent/Guardian's Signature)

My permission is granted for the sponsors in charge to obtain necessary medical attention in the event that the above becomes sick or injured. This permission is effective for one year from January 1, 2011--December 31, 2011. I hereby release and forever discharge all sponsors of First Baptist Church, Amarillo, from all claims, demands, actions, or causes of action, past, present or future, arising out of any damage or injury while participating with FBC Amarillo.

Signature of Parent or Guardian _____ **Date** _____