

First Baptist Church Health Information Form
Student Ministries (Grades 7th - 12th)
Effective: Dec. 2009 – Nov. 2010

Office Use Only	Last Name Initial
<input type="checkbox"/> Jr. High	
<input type="checkbox"/> Sr. High	

Name: (first) _____ (Last) _____ Birthday: ___ / ___ / ___ Male Female

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: (____) - _____ - _____ Household Email: _____

Father's Name: _____ Father's Email: _____

Father's Information: Home (____) _____ - _____ (Cell) (____) _____ - _____ Phone (Work) (____) _____ - _____

Mother's Name: _____ Mother's Email: _____

Mother's Information: Home (____) _____ - _____ (Cell) (____) _____ - _____ Phone (Work) (____) _____ - _____

Student's Email: _____ Student's (Cell) (____) _____ - _____

School Name: _____ Does student have Facebook? Yes No

High School Graduation Year: 2015 2014 2013 (Jr. High) 2012 2011 2010 (Sr. High)

Student lives with: Both parents Mother only Father only Shared custody . Other: _____

Alternate Emergency Contact: _____ Relationship: _____

Phone: (Home) (____) _____ - _____ Phone: (Cell) (____) _____ - _____ Phone: (Work) (____) _____ - _____

Medical insurance carrier: _____ Policy#: _____ Group#: _____

Carrier address: _____

Name of insured person: _____ Date of birth of insured person: _____

Insured person's place of employment: _____ Insured person's social security#: _____

Name of family physician: _____ Phone: (____) _____ - _____

Name of dentist/orthodontist: _____ Phone: (____) _____ - _____

Health History: (Check. Give approximate dates)

____ Frequent Ear Infections ____ Diabetes ____ Bleeding Disorders
 ____ Heart Defect/Disease ____ Asthma ____ Mononucleosis
 ____ Seizures ____ ADD/ADHD ____ Downs Syn.
 ____ Tourettes Syn. ____ Chicken Pox ____ Measles/Mumps
 ____ Other _____

Allergies :

____ Hay Fever ____ Penicillin
 ____ Ivy Poisoning, etc. ____ Insect Stings
 ____ Food (specify) _____
 ____ Drugs (specify) _____

Chronic/recurring illness/medical conditions including mental illness: (depression, anxiety, etc.) _____

Dietary restrictions: _____

Current medications: (List both prescription, OTC & herbal)

Medication name: _____ Dosage: _____ Reason for taking: _____

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Any other information you feel the leaders should know in advance about your student: _____

Blood type: _____ Are all immunizations current? (MMR, tetanus-every 10 years, hepatitis) Yes No

Parent(s)/guardian signature _____ Date _____

Student's signature _____ Date _____

(Wait, there's more on back!)

First Baptist Church Health Information Form
Student Ministries (Grades 7-12)
Effective: Dec. 2009 to Nov. 2010

Initial

I(We) acknowledge that my child's participation in First Baptist Church Student Ministries is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any First Baptist Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the First Baptist Church youth program activities, I (we) agree to the following:

Initial

First Baptist Church is not responsible for the loss or theft of personal belongings.

Initial

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial

I understand and authorize that my child's image may be photographed or filmed and used in First Baptist video presentations, printed publications, website and the annual photo directory with their address.

Initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in First Baptist Church's Youth activities, the following person, or entities: First Baptist Church, it's Senior Pastor and Associate Pastors, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of First Baptist, First Baptist staff or volunteers and: c) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all First Baptist Church Student Ministries.

Initial

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Initial

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to First Baptist Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

Student Initial

For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders
- No fighting, weapons, fireworks, explosives
- Participation with the group expected
- No boys in girl's sleeping quarters & visa versa
- No portable entertainment systems
- No Two-piece swim suits or Guys' Speedos
- No students permitted to drive for events
- No offensive or immodest clothing
- Respect and comply with event schedules
- Cell phones only permitted during free time
- No lighters permitted
- Respect property
- No alcohol, drugs, tobacco

Initial

Failure to comply with these expectations could result in your child being sent home at your expense.

My child has permission to attend all church sponsored youth activities as listed in calendars and/or First Baptist Church News, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to First Baptist Student Church prior to that event.

Student Initial

Parent(s)/ guardian signature _____

Student's signature _____