

First Baptist Church – Student Ministries
1000 Gunter Avenue, Guntersville, Alabama 35976 – 256.582.5141
Medical Permission and Release Form

Please take a moment and complete all information correctly, i.e. check spelling of names, area codes for telephone numbers, addresses, etc.

General Information:

Student's Name _____ Date Completed _____

Address _____ Phone _____

Age _____ Birth Date _____ Grade _____ Sex (circle) Male Female

Father _____ Work Phone _____

Mother _____ Work Phone _____

Guardian _____ Work Phone _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance [] Yes [] No Policy Number _____

Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Numbers _____

****Please attach a copy of the front and back of your insurance card to be turned in with this form.**

List Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Medical History (check if applies)

__ Asthma __ Diabetes __ Epilepsy __ Other
__ Heart Problems __ Hemophilia __ High Blood Pressure
__ Hypoglycemia __ Migraine Headaches __ Fainting Spells

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information: _____

