

**2019 MEDICAL RELEASE & INFORMATION ACKNOWLEDGMENT**

**FIRST BAPTIST CHURCH OF THE COLONY**

**4800 SOUTH COLONY BLVD.**

**THE COLONY, TEXAS 75056**

**(972) 625-1322; FAX (972) 370-1405; www.fbcthecolony.org**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ STUDENT CELL # \_\_\_\_\_

I WILL WEAR MY SEAT BELT: YES CELL PHONE TEXTING: YES NO

ADULT TSHIRT SIZE: S M L XL 2XL 3XL

PARENT/GUARDIAN NAMES \_\_\_\_\_

PARENT HOME PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

MOM'S CELL PHONE # \_\_\_\_\_ TEXTING: YES NO

MOM'S EMAIL \_\_\_\_\_

DAD'S CELL PHONE # \_\_\_\_\_ TEXTING: YES NO

DAD'S EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

HEALTH INFORMATION: (Check appropriate information)

\_\_\_\_\_ Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble

\_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ Head Aches

Allergies: Food \_\_\_\_\_

Penicillin or other drug (name) \_\_\_\_\_

Insect Stings/Bites \_\_\_\_\_

Poison sumac, oak, or ivy \_\_\_\_\_

Other: \_\_\_\_\_

Any current medications you are taking (list) \_\_\_\_\_

Physical disorders \_\_\_\_\_

Special diet: (Name) \_\_\_\_\_

Immunizations (tetanus) \_\_\_\_\_ Previous operations or serious illnesses \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE # \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ GROUP/ID \_\_\_\_\_

POLICY # (IF KNOWN) \_\_\_\_\_ PHONE # \_\_\_\_\_

\*\*\*Please attach a copy of the insurance and/or prescription card if you have one.

**PERMISSION FOR TREATMENT**

*My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.*

*I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of First Baptist Church The Colony from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while traveling and/or participating in any church function, activity or trip.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

SIGNED THIS DATE: \_\_\_\_\_