First Baptist Church Albertville

Student Health Form

Please print and complete this form in its entirety, notarizing the back page when signed by parent/guardian.
Student Health Form to also serve as a permission slip for & photo release of all FBSM events.

Student's Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact Person

Parent/Guardian Name: _____
Street Address (if different): _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Alternate Contact Person

(please use someone near the primary emergency contact)

Parent/Guardian Name: _____
Street Address (if different): _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Insurance Information

(If you have insurance, your carrier will be billed for medical charges in the case of illness or while your student is at the activity)

Do you have insurance?: ____ Yes ____ No
Name of insurance provider: _____
Policy #: _____ Group #: _____
In whose name is the insurance?: _____
Family Doctor: _____ City: _____ Phone: _____

If your student should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to his/her proper medical care during his/her time with the student ministry activity.

Form Updated: May 2015

Health History

Any pre-existing or present medical conditions: _____

_____

Name and dosage of any medications that must be taken: _____

_____

Any allergies (including to medications)?: _____

_____

___ Hay Fever ___ Heart Condition ___ Diabetes ___ Stomach Upsets

___ Insect Stings ___ Epilepsy/Nervous Disorder ___ Asthma ___ Physical Handicap

___ Any major illnesses during the past year? _____

If any of the above checked, please give details (i.e. normal treatment of allergic reactions): _____

_____

Date of last Tetanus shot: _____ Contact Lenses: ___ Yes ___ No

Any swimming restrictions?: ___ No ___ Yes, explain: _____

Any activity restrictions?: ___ No ___ Yes, explain: _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during an activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/or other an injection, anesthesia, or surgery for my student as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the First Baptist Church Student Ministry and its agents during the events and activities. I understand the possibility of risk. I agree not to hold First Baptist Church of Albertville, its leaders, employees, and volunteer staff liable for damage, losses, diseases, or injuries incurred by the subject of this form.

Photo Release Statement

I give permission to FBSM to use any photos taken of my student for advertisement & promotional purposes. If you wish your student <u>not</u> to be photographed during our trip, please let one of our leaders know.

Parent/Guardian Signature: _____ Date: _____

To by completed by a notary:

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20_____.

_____

My commission expires on: _____. Notary Public Signature

___ *Personally Known* ***OR*** ___ *Produced ID - Type of ID* _____