

# FIRST BAPTIST CHURCH OF LOWELL

## 2015-2016 *Renewed* Ministries Medical Form

(One child per completely filled out form)

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Current Active Contact e-mail Address: \_\_\_\_\_

Medical / Health Insurance: Do you have insurance? Yes or No (circle answer)

Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Does your child have any allergies or other medical conditions? Yes or No

(If yes please explain or list on back of this paper)

Does your child take any medications? Yes or No (circle answer)

(If yes please explain or list on back of this paper)

When was your child's most recent tetanus shot? \_\_\_\_\_

On the back, please list any other information you feel may be helpful in seeking medical treatment for your child.

The full completion of this form is required for your child to participate in the Youth Ministries program. In the event that your child gets hurt while at First Baptist Church, we will do everything possible to reach you. In order to know where to reach you we need you to complete this form.

As parent(s) or legal guardian(s) of the above youth, we hereby authorize any emergency medical and/or surgical care, including diagnosis and treatment to be rendered to him/her by any licensed physician or surgeon, or by any licensed hospital, as necessary when accompanied by an adult leader of First Baptist Church of Lowell, MI. We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance and agree to make full payment for same upon receipt of statement of fees.

We do hereby agree to hold harmless the First Baptist Church of Lowell, MI, it's staff, and leadership from any and all actions, claims, demands, suits, or other liabilities which may result from the above named minor's participation in youth group activities and outings.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

*Please turn over more on back →*

### **Field Trip Permission**

During the year, there are times when instructional and/or entertainment programming will be available through field trips. Through published calendars, newsletters, or special notes, we will inform you of the times/dates of each field trip prior to the event. This will give you the opportunity to be in touch with your child's leader if you have questions or choose for your child not to participate.

As parent(s) or legal guardian(s) of the above youth, our signature below indicates approval for FBC Lowell to transport our child by bus and/or van on field trips throughout the year.

\_\_\_\_\_YES, I grant permission for my child to be transported by bus and/or van on all field trips.

\_\_\_\_\_NO, I DO NOT grant permission for my child to be transported by bus and/or van. I agree to provide transportation on all field trips or my child is to stay behind at FBC Lowell church building.

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Date**

**Please explain any allergies or other medical conditions your child has:**

**Please list any medications your child takes:**

**Please list any other information you feel may be helpful in seeking medical treatment for your child:**