

FIRST BAPTIST CHURCH OF LOWELL

Summer Sunday Morning Children's Ministry

2010 EMERGENCY CARE FORM

(One child per form)

Child Name: _____ Birth Date: _____

Grade: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Emergency Phone: _____

Church your child attends on Sundays: _____

Parent's or Guardian's Name: _____

Emergency Contact: _____

Family Doctor: _____

(name & phone #)

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

Company _____

Group # _____ Policy # _____

Policy Holder: _____

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 Children's Ministry 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 guardians 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 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.