



First Baptist Church
306 S. 10th Street Pflugerville, TX 78660
(512) 251-3052

Student Medical release form

Effective January 1, 2014-December 31 2014

Student's Name: _____

DOB: ___/___/___ Gender ___M___F

Address: STREET _____ CITY _____
STATE _____ ZIP _____

Home Phone: _____

Student Cell Phone: _____

Cell Provider (for text message updates) _____

Student email: _____

School Student Attends: _____

Grade: _____

Parent Name(s): _____

Address: STREET _____ CITY _____
STATE _____ ZIP _____

Home Phone: _____

Parent Cell Phone: _____ cell provider _____

Parent email: _____

Emergency Contact

Name: _____

Relation to Student: _____

Address: STREET _____ CITY _____ STATE _____
ZIP _____

Home Phone: _____

Cell Phone: _____

Physician's Name: _____

Phone: _____

Address: STREET _____ CITY _____
STATE _____ ZIP _____

Hospitalization Insurance Company

Policy in Name of: _____

Relation: _____

Policy #: _____ Group #: _____

Certificate #: _____ Primary's SSN: _____ - _____ - _____

Student's SSN: _____ - _____ - _____

Current Medications Student is taking

Drug Name Daily	Taken for	Dosage/ X's
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Allergies:

Date of Student's Last Tetanus Shot: _____

Is Student diabetic? Yes No

If yes, is student on insulin? Yes No What type? _____

Who will be responsible for shots? _____

Has student ever had any type of convulsion or seizure? Yes No

If so, what was the type and cause? _____

Is the student prone to fainting or blackouts? Yes No

As the Parent/Guardian of my student,

I _____ do _____ do not give permission for their image to be used in pictures/publicity pertaining to student ministry/church events.

Any additional medical information that needs to be disclosed about the student:

ALL THE PERSONAL AND MEDICAL INFORMATION LISTED ON THIS FORM IS CORRECT AND CURRENT TO THE BEST OF MY KNOWLEDGE.

PRINTED NAME OF PARENT/ LEGAL GUARDIAN:

SIGNATURE OF PARENT/LEGAL GUARDIAN:

Date: _____