

Cool Spring Baptist Church
Student Ministry Medical Form
(Effective January 1, 2012 through December 31, 2012)

Name: _____ Date of Birth: ____/____/____ Age: _____ Gender: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Student Cell Phone: _____
 Parent/Guardian Email: _____
 Parent/Guardian Cell Phone: _____ Parent/Guardian Work Phone: _____
 Parent/Guardian Cell Phone: _____ Parent/Guardian Work Phone: _____

If people listed above are not available, in the event of an emergency, please notify:

Name: _____ Home Phone: _____ Cell Phone: _____
 Name: _____ Home Phone: _____ Cell Phone: _____
 Name: _____ Home Phone: _____ Cell Phone: _____

Name, Address & Phone # of Physician: _____

Name of Health/Accident Insurance Carrier: _____

Policy #: _____ Group #: _____

Explain any YES answers and give all information needed to provide as safe and as full participation as possible. (Select Y or N)

Asthma Y N Cancer/Leukemia Y N Heart Disease Y N Seizures Y N
 Allergies Y N Diabetes Y N High Blood Pressure Y N Other Y N

Explanations: _____

Any reason to restrict full activity? Y N

List any conditions limiting full participation (physical or emotional): _____

Currently taking any medications: Y N If YES, please list: _____

Any special equipment such as orthopedic device, crutches, wheel chair? Y N

Please explain: _____

Are all immunizations current? Y N Date of Last Tetanus shot: _____

In case of emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment that may include hospitalization, anesthesia, surgery or injections of medications for my child.

Dated this _____ day of _____, 2012

Signature of Parent/Guardian _____