

First Baptist Church

1600 W. Country Club - Elk City, Oklahoma 73644 - 580-225-7951 -
Fax 580-225-7954 - fbcyouth@cableone.net

MEDICAL PERMISSION & RELEASE FORM

Student Name _____ Age _____ Birthdate _____ Grade _____

Address _____ Phone _____

City _____ State _____ Zip _____ Sex (circle): Male Female

School Attending _____ City _____

Father _____ Work Phone _____

Mother _____ Work Phone _____

Guardian _____ Main Phone _____

In case of emergency and parent or guardian cannot be reached, please contact:

Name _____ Phone _____ Relationship _____

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance () Yes () No Policy Number _____

Primary Insured _____ SS # _____

Name of Insurance Company _____

Insurance Company Phone Numbers _____

List date of last immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if student has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Other _____

Allergies: Foods _____

Medications _____

Insects / Bites _____

Previous Serious Illness _____ Date _____

Current Medication(s) _____

Medication Instructions _____

Special Diet _____

Other Important Medical Information _____
