

Glen Burnie Baptist Church Children's Ministry Medical Form

Section 1: Child's Information

Child's Name: _____

Gender: M / F Date of Birth: _____ Age: _____ Grade: _____

Section 2: Father/Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Section 2: Mother/Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Section 3: Emergency Contact Information Besides Parents/Guardians

Name: _____ Phone: _____

Relationship to Child: _____

Relationship to Parent/Guardian: _____

Section 4: Known Allergies

Section 5: Known Health Problems/Concerns

Section 6: Prescribed Medications

Medication

Dosage (Amount & Frequency)

_____	_____
_____	_____
_____	_____

Section 7: Family Physician Information

Name: _____

Phone: _____

Section 8: Health Insurance Information

Health Insurance Company: _____

Policy Number: _____

(Attach an extra card or a photocopy of both front and back of card)

Section 9: Signatures

As parent/guardian, I give my permission for the official representatives of Glen Burnie Baptist Church to seek medical attention for my child in case of emergency. I understand that they will do their best to notify me as soon as possible of any needed medical attention beyond basic first-aid.

Parent / Guardian Signature

Date