

**2011 MEDICAL RELEASE & INFORMATION ACKNOWLEDGMENT
FIRST BAPTIST CHURCH THE COLONY
4800 SOUTH COLONY BLVD.
THE COLONY, TEXAS 75056
(972) 625-1322, FAX (972) 370-1405, www.fbcthecolony.org**

NAME _____ BIRTH DATE _____ AGE _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ STUDENT CELL # _____

I WILL WEAR MY SEAT BELT: YES CELL PHONE TEXTING: YES NO

PARENT/GUARDIAN NAMES _____

PARENT HOME PHONE # _____ WORK # _____

MOM'S CELL PHONE # _____ TEXTING: YES NO

DAD'S CELL PHONE # _____ TEXTING: YES NO

PERSON TO CONTACT IN CASE OF EMERGENCY _____

EMERGENCY PHONE # _____

HEALTH INFORMATION: (Check appropriate information)

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble

_____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____ Head Aches

Allergies: Food _____
Penicillin or other drug (name) _____
Insect Stings/Bites _____
Poison sumac, oak, or ivy _____
Other: _____

Any current medications you are taking (list) _____

Physical disorders _____

Special diet: (Name) _____

Immunizations (tetanus) _____ Previous operations or serious illnesses _____

DOCTOR _____ PHONE # _____

INSURANCE COMPANY: _____ GROUP/ID _____

POLICY # (IF KNOWN) _____ PHONE # _____

PERMISSION FOR TREATMENT

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of First Baptist Church The Colony from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while traveling and/or participating in any church function, activity or trip.

PARENT/GUARDIAN SIGNATURE _____

SIGNED THIS DATE: _____