



**New Hope Baptist Church
Student Health Form**

Please print and complete this form in its entirety, notarizing the back page when signed by parent/guardian.

Student's Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact Person

Parent/Guardian Name: _____
Street Address (if different): _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Alternate Contact Person

(please use someone near the primary emergency contact)

Parent/Guardian Name: _____
Street Address (if different): _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Insurance Information

*(If you have insurance, your carrier will be billed for medical charges
in the case of illness or while your child is at the activity)*

Do you have insurance?: Yes No
Name of insurance provider: _____
Policy #: _____ Group #: _____
In whose name is the insurance?: _____
Family Doctor: _____ City: _____ Phone: _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to his/her proper medical care during his/her time with the student ministry activity.

Health History

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

Any allergies (including to medications)?: _____

Hay Fever Heart Condition Diabetes Stomach Upsets
 Insect Stings Epilepsy/Nervous Disorder Asthma Physical Handicap
 Any major illnesses during the past year? _____

If any of the above checked, please give details (i.e. normal treatment of allergic reactions): _____

Date of last Tetanus shot: _____ Contact Lenses: Yes No

Any swimming restrictions?: No Yes, explain: _____

Any activity restrictions?: No Yes, explain: _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during an activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/or other an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the New Hope Baptist Church Youth Ministry and its agents during the events and activities. I understand the possibility of risk. I agree not to hold New Hope Baptist Church of Wauchula, its leaders, employees, and volunteer staff liable for damage, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____ Date: _____

(must be notarized)



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