

CHILDREN'S MEDICAL INFORMATION & RELEASE FORM

Shiloh Terrace Baptist Church
9810 La Prada, Dallas, Texas 75228
972-857-9707

Both sides of this form must be completed on all students participating in a Children's Event and notarized by a certified Notary Public. There is a Notary located at the church.

Participant's Name: _____ Current Grade: ____ Sex: ____

T-Shirt Size: _____ Birth Date: _____

Address: _____ City _____ State ____ Zip _____

Parent/Guardian Name: _____

Parent/Guardian Phone: Home _____ Office _____

Parent/Guardian Cell Phone(s): _____

Parent/Guardian Email: _____

Medical Conditions: _____

Medication(s) taken daily: _____

Shots up-to-date? Yes _____ No _____ Date of last Tetanus shot: _____

Allergies:

Food Yes _____ No _____ Specify _____

Medicines Yes _____ No _____ Specify _____

Insects Yes _____ No _____ Specify _____

Other Yes _____ No _____ Specify _____

Please sign below with a Notary present to witness your signature.

_____ has my permission to participate in church activities and to travel by transportation provided by the church or workers/counselors. I authorize the adult in charge to authorize medical treatment when I cannot be contacted. I understand every effort will be made to contact me before such action is taken. I assume financial responsibility for emergency care. I agree not to hold the church or workers/counselors financially liable for any incident relating to the activity/trip.

I give my permission for Shiloh Terrace Baptist Church to photograph and video my child for the use of promotional materials and website. Yes _____ No _____

Signature of Parent/Guardian _____ Date _____

"Given under my hand and seal of office, this the _____ day of _____, 20____."

Notary Public in and for the State of Texas _____

In the event that the parent/guardian **cannot** be contacted, please contact the person(s) listed below:
Emergency Name (OTHER THAN PARENT): _____

Relationship: _____

Emergency Phone #: Home _____ Work _____

Cell _____

Who has permission to pick up your child? _____

If there are certain people who are NOT allowed to pick up your child, please list below:

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information.

Please check here if you DO NOT have insurance _____

Parent/Guardian Name (as listed in your company records) _____

Parent/Guardian Occupation _____

Company Name _____

City _____ State _____ Zip _____

Name of Primary Insurance Company _____

Insurance Company Address _____

City _____ State _____ Zip _____

Insurance Company Phone _____

Policy Number _____ Group Number _____

Policy carried under what name _____

This Medical Form is valid ONE YEAR to date of Notary signature and is valid for all Shiloh Terrace Baptist Church sponsored activities. If any of the information you have provided should change before this date, please complete a new form and return it to the church office.