

PLEASE ATTACH A COPY OF YOUR CURRENT INSURANCE CARD (FRONT & BACK) TO THIS FORM

CHILDREN/YOUTH MEDICAL RELEASE

FIRST BAPTIST CHURCH OF ELLISVILLE

Name _____ D.O.B. _____ Age _____ Grade _____ Sex _____

Address _____ City _____ State _____ Zip _____

Father _____ Cell _____ Work _____ Home _____

Mother _____ Cell _____ Work _____ Home _____

Other person to contact in case of emergency : _____

Home _____ Cell _____ Work _____

DATE OF LAST TETANUS SHOT _____

HEALTH HISTORY - Check if child has had:

- ear infections dietary restrictions chicken pox measles
 heart trouble operations allergies serious health issues

ALLERGIES - Check if child is allergic to:

- insect stings penicillin foods other drugs
 poison ivy other

If child has allergies to other drugs or foods, please list them and their reaction.

List medications child is currently taking, including vitamins. Please indicate the dosing instructions for each medication.

Please list the name, address and phone number of the child's physician and any physician who should be consulted in the event of an emergency or medical problem.

Physician	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the name, address and phone number of your child's dentist and/or orthodontist. _____

Please provide information concerning any insurance benefits for which your child is eligible:

Insurance Company _____ Insured's Name _____

Policy Number _____ Group Number _____

Phone Number of Insurance Company _____

AUTHORIZATION FOR EMERGENCY CARE

In the event of an emergency or if I cannot be reached, I give permission to the physician(s) selected by the First Baptist Church of Ellisville leaders to order x-rays, tests, injections, surgeries, anesthesia or other treatment deemed necessary for the health of my child. I understand that I will be financially responsible for the cost of any medical treatment and ambulance or other transportation expense for my child. FBC Ellisville has insurance coverage which may provide benefits over and above personal coverage.

Although I recognize that circumstances such as time and distance may affect the choice of a medical facility, I prefer that my child be treated at the hospital(s) that I have placed a checkmark by: St. Luke's West St. John's Mercy Hospital Missouri Baptist Cardinal Glennon Children's Hospital St. Joseph

_____ has my permission to attend any official, scheduled on-site or off-site First Baptist Church of Ellisville activity from January 1, 2010 through December 31, 2010.

Date

Signature

Notary
Notary Public-State of Missouri
County of St. Louis
My commission expires _____