

Fredericksburg Baptist Church Children/Youth Medical Consent Form

Child's Full Name _____
Last First Middle

Gender _____ Birthday _____ Age _____ SSN: _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

If not available in an emergency, notify :

Name _____ Phone (_____) _____

Street Address _____

City _____ State _____ Zip _____

This child has the following allergies :

This child has the following medical or health problem(s):

This child is on the following medications.

Date of last Tetanus shot: _____

The name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child :

The name, address, and phone number of this child's dentist (and orthodontist if applicable) :

Hospitalization insurance which provides benefits for this child:

Name of Insurance Co. _____

Address _____

Policy No. of Insurance Policy _____

Name of Policy Holder _____ Group # _____

Phone No. of Insurance Co. (_____) _____

I understand that, in the event my child requires medical or dental treatment while engaged in a FBC activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counsellor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information.

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____