



**Beebe First Baptist Church Youth Ministry  
Individual Medical Form  
PLEASE FILL OUT ALL LINES:**



Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Soc.Sec.#: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_  
 2nd Contact: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

**Medical History**

**(Attach any explanation on a separate sheet)**

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Stomach Upsets
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Headaches	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Diabetes	

Other: \_\_\_\_\_  
 Date of last tetanus shot: \_\_\_\_\_  
 Current Medications (include dosage/time): \_\_\_\_\_

**Allergies:**

Food: \_\_\_\_\_  
 Penicillin or Other Drugs: \_\_\_\_\_  
 Insect Stings/Bites: \_\_\_\_\_  
 Poison Sumac, Oak, or Ivy: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Current Medications (include dosage/time): \_\_\_\_\_  
 My child may / may not be given Tylenol: \_\_\_\_\_

**Childhood Diseases:**

Chickenpox       Measles       Mumps       Whooping Cough  
 Other: \_\_\_\_\_

Any known reasons for restricted activity: \_\_\_\_\_  
 \_\_\_\_\_

Previous operations or serious illnesses (give details): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# ACTIVITIES PERMISSION SLIP

Being advised of the nature and extent of First Baptist Church Youth Activities, I certify that \_\_\_\_\_ is physically and mentally capable of participating and that he / she has my permission to travel to and attend any scheduled events of the First Baptist Church Youth Ministry. This permission slip and medical form is in effect from the date signed below until this youth graduates from the youth program of FBC or moves his/her membership to another church.

In the event of sickness or injury at church sponsored activities or in transit, I grant permission for a First Baptist Staff member or chaperone in charge to obtain necessary emergency medical attention for \_\_\_\_\_.

Should there be any change of information during the time this medical form is in effect, or if the need should arise to provide additional information, I promise to update this form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2008

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Signature of Parent or Guardian