

HEALTH RELEASE FORM 2022

STUDENT NAME: _____ STUDENT CELL: _____

STUDENT DOB: _____ CURRENT GRADE (2021-2022): _____ GENDER: _____

PARENT NAME: _____ PARENT CELL: _____

ADDRESS (Street, City, State, Zip) _____

2ND PARENT NAME: _____ 2ND PARENT CELL: _____

EMERGENCY CONTACT INFORMATION:

In case of emergency, we will always try to contact parents first. Please provide an alternate emergency contact in the event we cannot reach you.

NAME: _____ RELATIONSHIP: _____

MAIN CONTACT NUMBER: _____ OTHER PHONE NUMBER: _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

Please list all medical/environmental allergies, medications being taken, medical problems or other pertinent information.

Please answer YES or NO to the following:

CHICKEN POX _____ APPENDIX REMOVED _____

FAINTING SPELLS _____ ASTHMA _____

DIABETS _____ HEART TROUBLE _____

CONVULSIONS _____ INSECT BITE ALLERGY _____

If so, what insect _____

Please list any food allergies: _____

Please List any special conditions, restrictions, etc. that you would like us to be aware of:

INSURANCE INFORMATION:

INSURANCE CARRIER: _____ POLICY NUMBER: _____

CARDHOLDER NAME: _____ CARDHOLDER DOB: _____

I grant permission for any other adult, affiliated with First Baptist Church of Amarillo (over the age of 21), to seek necessary medical attention on my behalf. This permission is effective for one year from January 1, 2022 - December 31, 2022. I hereby release and forever discharge all other adults, affiliated with FBC Amarillo and of First Baptist Church, Amarillo, from all claims, demands, actions, or causes of action, past, present or future, arising out of any damage or injury while participating with FBC Amarillo. I give permission to publish pictures of my child in the Reporter or with the local media.

I give permission for my child to participate in field trips after being notified of the specific event.

Parent Signature: _____ Parent Email: _____

Additional Email: _____ Date: _____