

Sevier Heights Baptist Church
MEDICAL & INSURANCE FORM

Student Name _____ Date _____

DOB _____ Age _____ Grade _____

Medical Conditions _____

Current Medication _____

Dosage of Medication _____

Shots current? Yes _____ No _____ Medical Allergies _____

Prior Surgeries _____

Insured Guardian Name _____

Address: _____

Home Ph: _____ Cell: _____

Work: _____

Insurance Company _____

Policy # _____ ID# _____

Phone # _____

My child can be given OTC Tylenol or Motrin if needed: ____ Yes ____ No, please call me first.

I give permission to administer treatment in the case of an emergency. Yes _____ No _____

Any other important information:

Signature of Parent/Guardian

Date

