

First Baptist Church – Lepanto
Emergency Contact and Medical Information for Students

*****COMPLETE ALL FIELDS*****

<hr/> <p>Student's Name >></p> <hr/>	<hr/> <p style="text-align: center;">/ /</p> <p>Date of Birth >></p> <hr/>
<hr/> <p>Parent's/Guardian's Name >></p> <hr/>	<hr/> <p>Male / Female (circle one)</p> <hr/>
<hr/> <p>([]) ([])</p> <p>Home Phone Work Phone</p> <hr/>	<hr/> <p>Sex</p> <hr/>
<hr/> <p>Address</p> <hr/>	<hr/> <p>([]) ([])</p> <p>Cell Phone Other Phone</p> <hr/>
<hr/> <p>City, ST ZIP Code</p> <hr/>	<hr/> <p>Student E-Mail Address</p> <hr/>
	<hr/> <p>Parent E-Mail Address</p> <hr/>

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p> <hr/>	<hr/> <p>Secondary Emergency Contact</p> <hr/>
<hr/> <p>([]) ([])</p> <p>Home Phone Work Phone</p> <hr/>	<hr/> <p>([]) ([])</p> <p>Home Phone Work Phone</p> <hr/>
<hr/> <p>Address</p> <hr/>	<hr/> <p>Address</p> <hr/>
<hr/> <p>City, ST ZIP Code</p> <hr/>	<hr/> <p>City, ST ZIP Code</p> <hr/>

Medical Information

Hospital/Clinic Preference (if applicable)

<hr/> <p>Physician's Name (if applicable)</p> <hr/>	<hr/> <p>Phone Number</p> <hr/>
<hr/> <p>Insurance Company</p> <hr/>	<hr/> <p>Policy Number</p> <hr/>

Allergies/Special Health Considerations (please list any)

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> <p>Parent's/Guardian's Signature</p> <hr/>	<hr/> <p>Date</p> <hr/>
--	-------------------------

I give permission for my child to go on field trips. I release First Baptist Church - Lepanto, and individuals, from liability in case of accident during activities related to First Baptist Church - Lepanto, as long as normal safety procedures have been taken.

<hr/> <p>Parent's/Guardian's Signature</p> <hr/>	<hr/> <p>Date</p> <hr/>
--	-------------------------