

**FIRST BAPTIST CHURCH OF TOMBALL
2005-2006 EMERGENCY FORM**

_____	Preschool Ministry
_____	Children's Ministry
_____	AWANA
_____	Children's Choir
_____	WEE School Ministry
_____	Student Ministry

CHILD/STUDENT NAME

EMERGENCY INFORMATION:

Parent/Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____ Beeper _____

Please give name of person other than immediate family that can be reached in case of emergency.

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Beeper _____

INFORMATION ABOUT CHILD:

Height _____ Weight _____ Age _____ Date of Birth _____

Date of last Tetanus Shot _____

Is your child allergic to anything in particular including any medications that we should know about? _____

Does your child have any other medical problems that we should be aware of? _____

Is your child currently taking any prescription medication? Please list all meds. _____

If medication needs to be administered during this activity, please indicate medication and dosage instructions. _____

Child's Physician _____ Address _____

Phone _____

HEALTH INSURANCE INFORMATION:

Name, address and phone of health insurance company _____

Policy Number _____

Social Security Number of Insured _____

If possible please attach a copy of your health insurance card to this form. Also, please attach to this form a written explanation of any special health needs including medication, activity restrictions, significant handicaps, etc.

PERMISSION FOR PHOTO/VIDEO NOTICE:

My permission is granted that as a participant, my child may be photographed or videotaped during normal church activities and these photo/videos may be used in promotional material.

Signature: _____ Date: _____

(Parent or Legal Guardian)