

**FIRST BAPTIST CHURCH**

614 Rossville Road  
Waukon, IA 52172  
Church Office - 563-568-2225

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ School Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
In Emergency, Notify \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Health History**

Allergies:    \_\_\_ Insect stings           \_\_\_ Drugs           \_\_\_ Other allergies  
Other conditions:  
                  \_\_\_ Heart condition           \_\_\_ Diabetes           \_\_\_ Chronic asthma  
                  \_\_\_ Frequent stomach       \_\_\_ Epilepsy           \_\_\_ Frequent colds  
                                  upsets           \_\_\_ Hay fever  
                  \_\_\_ Physical handicap       \_\_\_ Other

If you checked any of the above, please give details, (i.e., include normal treatment of allergic reactions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

\_\_\_\_\_

Any activity restrictions:    \_\_\_ Yes       \_\_\_ No

What restrictions? \_\_\_\_\_

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance?    \_\_\_ Yes       \_\_\_ No

If "yes", Name: \_\_\_\_\_

Policy and/or Group number: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

I understand that efforts will be made to contact me. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

**LIABILITY RELEASE** - Every activity sponsored by this church is carefully planned and adequately supervised. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

**PRINT** both Parents Names

Parent or guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Valid August of 2019 – May of 2020**

Address (If different than above) \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_