

State the name, address, medical specialty, and phone number of this student's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this student:

State the name, address, and phone number of this student's dentist (and orthodontist, if applicable):

Is there medical or hospitalization insurance which provides benefits for this student? Yes No
If so, please indicate:

Name of Insurance Company _____
Address _____ Phone Number _____
Policy # _____ Name of Policy holder _____

Indicate the date of this student's last tetanus shot _____
Are there any activity restrictions for this student? Yes No

If so, describe:

Is this student on any medications? Yes No
If so, please state the medication(s) _____

*You child is responsible for their own medication, however, if they need assistance please make sure a chaperone/sponsor is aware of their needs.

Describe any dietary restrictions that this student is required to observe:

Other comments or suggestions from the parent or guardian concerning this student:

I understand that Johns Creek Baptist Church carries medical and hospital insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal and hospitalization insurance available to my family will provide primary coverage and the ministries medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal medical and hospitalization coverages available to my family before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my student requires medical or dental treatment while engaged in activities with Johns Creek Baptist Church, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult sponsor acting on behalf of the ministry with respect to church activities as agent for me, to consent to an x-ray examination; injections; anesthesia; medical; dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my student's medical allergies, medications being taken, medical problems and other pertinent information. My student has permission to participate in all prescribed activities, including transportation in private vehicles or public conveyances, except as noted by me. If there are any changes, I will notify Johns Creek Baptist Church.

Signature _____ Date _____
(Parent or guardian)

Witness (notary) _____ Date _____

My commission expires _____