

Spotswood Baptist Church
4009 Lafayette Blvd.
Fredericksburg, VA 22408
540-898-0757

Medical / Information Form

_____2009-10/_____2010-11/_____2011-12/_____2012-13 (Initial Current Year)

Student Name: _____ Tee Shirt Size _____ (Adult Size)

Birthdate: _____ Parent(s)/ Guardian Name: _____

Emergency Contact Numbers: Home _____ Cell #s & Name(s) _____

Cell # & Name _____ Work #s & Name(s) _____

Email Addresses (Student) _____ (Parent/s) _____

Grade _____ School Attending _____

Doctor's Name and Phone number: _____

Insurance Company: _____

Policy / Group #: _____

Please list any health/medical conditions your student/child has: _____

Does he/she have any allergies? Please list... _____

Does he/she have any drug allergies? Please list... _____

_____ Is your son/daughter currently on any medications? Please list name, dose and schedule...

_____ Your child will be responsible for administering his/her own medications.

Copy of insurance card must accompany this form.

***I give consent for my child to receive over the counter medications. Initial _____**

***I give my permission for the group leader or an adult to authorize medical treatment for my child at the nearest emergency care facility, should an injury or illness occur. Initial _____**

Signature of Parent or Guardian: _____

Date: _____

IF THERE ARE ANY CHANGES MADE DURING THE YEAR A NEW FORM WILL NEED TO BE FILLED OUT OR YOU MAY MAKE CHANGES TO THIS FORM AND INITIAL W/ DATE.

_____ Please initial if you authorize Spotswood BC to include pictures of this student on the church website and in printed material. Names WILL NOT appear in any picture descriptions.