

FIRST BAPTIST CHURCH OF TOMBALL 2021 EMERGENCY FORM

STUDENT NAME: _____ **Grade:** _____

EMERGENCY INFORMATION:

Parent/Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____

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 _____

INFORMATION ABOUT STUDENT:

Date of Birth _____

Date of last Tetanus Shot (if known) _____

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

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

Is your child/student currently taking any prescription medication? Please list all medications, dosage, and instructions for administration:

Physician _____ Address _____

Phone _____

HEALTH INSURANCE INFORMATION:

Name, address and phone of health insurance company _____

Policy Number _____

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.

Signature: _____ Date: _____

(Parent or Legal Guardian)