

**HEALTH FORM**  
**FIRST BAPTIST TILLMAN'S CORNER**  
**JANUARY 2011 THRU DECEMBER 2011**

**NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
(Street, City, Zip)

**Parents/Guardians** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
(if different from above)

**Location of Parents/Guardians during the day:**

**Father/Guardian - Company** \_\_\_\_\_  
**Phone w/ext/dept** \_\_\_\_\_ **Cell Phone/Beeper** \_\_\_\_\_

**Mother/Guardian - Company** \_\_\_\_\_  
**Phone w/ext/dept** \_\_\_\_\_ **Cell Phone/Beeper** \_\_\_\_\_

**Person(s) to contact if Parents/Guardians cannot be located:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Cell Phone/Beeper** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Cell Phone/Beeper** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Signatures below authorize billing

**Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Contract Number / Group Number** \_\_\_\_\_

List any specific medical/food allergies, chronic illness, restrictions, limitations or other condition \_\_\_\_\_

Please list any medication that your child may have with them \_\_\_\_\_

**YOUR SIGNATURE MUST BE NOTARIZED. Do not sign until you are in the presence of a notary.**

I/We, the undersigned, do hereby consent to allow our child, \_\_\_\_\_  
to be a part of the activities of First Baptist Tillman's Corner. I/We understand my/our signature authorizes an  
adult, in whose care my/our child has been entrusted, to make decisions about emergency medical/dental care  
and I/we agree to pay all costs incurred with such services. I/We do hereby release First Baptist Tillman's  
Corner from any and all liabilities or claims for personal injury, illness, property damage which may be incurred  
by my/our child.

State of Alabama

County of Mobile

Subscribed & sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Seal By \_\_\_\_\_  
(Parent/Parent's Signature)

Notary \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_