

HEALTH FORM
FIRST BAPTIST TILLMAN'S CORNER
JANUARY 2010 THRU DECEMBER 2010

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 _____