

Tipton Baptist Church Health Form

Youth Name		Male <input type="checkbox"/>	
Date of Birth		Female <input type="checkbox"/>	
Parent or Gaurdian	Full Name		Telephone
	Address		
	Father Cell		Father Work
	Mother Cell		Mother Work
Emergency Contact	Full Name		Telephone
	Address		
Health & Insurance	Name		Telephone
	Policy Number		Group Number
	Physician"s Name		Telephone
Has Youth Had:	Appendectomy <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Scarlet Fever <input type="checkbox"/>
	Mumps <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>
	Measels <input type="checkbox"/>	Ivy, Oak, Sumac Poison <input type="checkbox"/>	
Does Youth Have:	Bed Wetting <input type="checkbox"/>	Frequent Colds <input type="checkbox"/>	Heart Trouble <input type="checkbox"/>
	Ear Trouble <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hay Fever <input type="checkbox"/>
	Skin Trouble <input type="checkbox"/>	Headaches <input type="checkbox"/>	Epilepsy <input type="checkbox"/>
	Asthma <input type="checkbox"/>	Nervous Condition <input type="checkbox"/>	Stomach Disorder <input type="checkbox"/>
Special Problems or Conditions or Restrictions:			
Any Medicines:			
Is Youth able to pursue all normal athletic activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Youth allergic to: Penicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Sulfa <input type="checkbox"/> Other:			
Any Food Allergies:			

I hereby grant consent for my child to participate in activities sponsored by Tipton Baptist Church

I furthermore grant to the church, its leaders or agents authority to undertake or approve of emergency medical treatments or surgery as may in their judgment be necessary while my child is in their care.

I furthermore release and relinquish any right, claim, or cause of action against Tipton Baptist Church, its officers, leaders, or agents for any damages or injuries whatsoever that might be incurred by my youth in route to and from, or during any activity sponsored by Tipton Baptist Church.

Parent/Guardian Signature:	Date:
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