

Bounty Land Baptist Church

EMERGENCY INFORMATION FORM

Participant Name: _____ Grade _____

Parent(s) / Guardian(s) _____

Home Address _____

Phone (home) _____ (work) _____

Nearest relative to contact in case of emergency:

Name/relationship _____

Address _____

Phone _____ (home) _____ (work)

Your doctor _____ Phone _____

Your hospital _____ Phone _____

Your pharmacist _____ Phone _____

List medications currently being taken (include over-the-counter medications taken daily):

List any allergies: _____

List any known life-threatening physical problems: _____

Are immunizations current? _____ Date of last Tetanus injection _____

Medical insurance company _____

Policy #/Group or individual ID # _____

In case of emergency, I give permission to the authorities or representatives of BLBC to obtain medical treatment for my child in my absence.

Parent/Guardian signature

Date _____