

First Baptist Church of Portland Youth Health Form
January 2010-December 2010

Personal Information:

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
SSN: _____ Sex: _____ Height: _____ Weight: _____
Known Allergies/Medical Conditions:

Emergency Contact Person:

Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Alternate Contact Person:

Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Health Insurance Information:

Insurance Company: _____ Policy Number: _____
Name of Insured: _____ Group Number: _____
Family Doctor: _____ Dr.'s Phone Number: _____

Permission to Treat Youth

I hereby give my permission to First Baptist Church of Portland and it's agents to authorize treatment for the above listed child in case of an emergency.

Date: _____ Signature: _____

I further authorize the Church or its agents to provide pain relievers (Ibuprofen, Tylenol, etc) or other over the counter medications to my teen if they deem it necessary.

Date: _____ Signature: _____