



FIRST BAPTIST CHURCH  
FRANKLIN

This form expires January 1, 2025.  
HEALTH INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade completed by Summer 2024 (if applicable) \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Name of insured on policy \_\_\_\_\_

Do you have any health care needs FBC should be aware of? If yes, explain or attach info:

\_\_\_\_\_

List prescriptions you are currently taking \_\_\_\_\_

List allergies and reactions \_\_\_\_\_

What is your blood type? \_\_\_\_\_ (Required only for International Mission Trips)

If under 18, do you permit your child to take over-the-counter medicine administered by our leaders or staff?

- Yes
- No

Check any of these conditions you may have to give appropriate information:

- Asthma
- Sinusitis
- Stomach Problems
- Kidney Trouble
- Diabetes
- Heart Trouble
- Seizures
- Other \_\_\_\_\_

Check any of these childhood diseases that you have had:

- Chicken Pox
- Measles
- Mumps
- Whooping Cough
- Scarlet Fever

Emergency Contact #1

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Emergency Contact #2

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

**2024 Activity & Medical Release Form**

I hereby grant permission for the adult leaders of First Baptist Church of Franklin the authority to provide basic First Aid or obtain necessary medical treatment in case of sickness or injury to my child. Permission is hereby granted to Hospital, Emergency Room Personnel/Doctor to provide any treatment deemed necessary to the above minor.

I give my permission for myself or my child to appear in photographs and/or video taken and used by First Baptist Church of Franklin in publication(s), audiovisual productions, online promotions and/or electronic transmissions.

I give my permission for my child to attend First Baptist Church on and off-campus events. In consideration of my Child being permitted to participate in First Baptist Church events, I do hereby remise, release, and forever discharge, and further do agree to indemnity and forever hold harmless except to the extent of available insurance coverage, First Baptist Church of Franklin, its pastors, employees and volunteers assisting with First Baptist Church of Franklin events (the "Released Parties"), from any and all claims, demands, liability, or action arising from or to any injury or damage which may be sustained by my child while participating in First Baptist Church of Franklin events, except to the extent any such injury or damage results from the gross negligence or willful misconduct of a Released Party.

If event participant is 18 or above:

Name: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If event participant is 17 or under, parental consent and form signature is required below:

Name: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Participant Signature Parent/Guardian Signature