

**Medical Information Form**  
HOLMESWOOD BAPTIST CHURCH

Students Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Parents Names: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone Numbers \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Verification #: \_\_\_\_\_

Special Insurance Instructions: \_\_\_\_\_

\_\_\_\_\_  
(Please copy the front and back of your insurance card on the back of this form.)

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Blood Type \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

\_\_\_\_\_ TRAVEL FOR YEAR 2011

**Permission/Release Waiver**  
HOLMESWOOD BAPTIST CHURCH

\_\_\_\_\_ has my permission to participate in the activities sponsored by the Holmeswood Baptist Church. I understand there will be traveling during the year by commercial and church vehicles as well as private automobiles. I will not hold the Holmeswood Baptist Church or any accompanying adults responsible in the event of accident or injury. Should medical treatment be required, the accompanying adults have my permission to seek treatment from a local doctor or medical facility. This form expires one year from date signed.

\_\_\_\_\_  
Parent or Guardian's Signature      Date

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Signature of Notary Public

HBC Med Form

I give permission for the church to photograph my child (with no identifying features) for church publications. (Optional)