

**Temple Hill Baptist Church Youth Health Form**  
**August 2018 – August 2019**

**Personal Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Known Allergies/Medical Conditions:

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

**Emergency Contact Person:**

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Health Insurance Information: (Please attached a copy of insurance card to this form)**

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

The undersigned hereby authorizes the holder of this Medical Release to obtain emergency care for the child named above, including such x-ray examinations, laboratory procedures, anesthesia, medical or surgical treatment, or other hospital services ordered by the attending physician or dentist, and his/her assistants or designees. I also authorize the release of all information necessary to settle any insurance claims. I also understand that I am responsible for charges not covered by insurance. A copy of this authorization can be used as the original.

The undersigned does also hereby give permission for their child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Temple Hill Baptist Church.

The undersigned does also hereby give permission for Temple Hill Baptist Church to use any photographic or video likeness of their child for ministry related media productions.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_