

## Medical Information and Authorization 2020-2021 First Baptist Church, 1229 Avenue J, Huntsville, Texas 77340 (936) 291-3441

Name	of Individual						
Participant's Date of Birth			Sex	Gra	ade in School _	100l	
	t/Legal Guardian Name						
A.	A. Medications Needed (use back of form if needed)						
	Note: All medications shall be placed under the care of an Adult Sponsor and dispen						
according to written instructions provided by Parent or Legal Guardian.							
В.	B. Allergies (List)						
C. Medical problems or physical limitations of participant							
D. Family Physician			Telephone				
I authorize medical and/or surgical treatment in the event of an emergency for my child by							
a physician and medical facility chosen by participating Event Sponsors. This is the							
origi	nal form or a facsimile o	of the original, si	igned form.				
Date							
Home Phone Business Ph Home Address			Phone				
Hom	e Address					<b>-</b>	
		Address	C	ity	State	Zip	
Insurance Company			Policy I	Policy Number			
				Insurance Telephone #			
Parent/Legal Guardian Signature							
Lackn	owledge that it is my re	sponsibility to u	ındate anv cl	hange co	ncerning anv	and all	
	nation requested above	•		_		ana an	
	•		Date				
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