

2011 MEDICAL & SURGICAL WAIVER (6G)

Valley Forge Free Will Baptist Church
1503 Riverview Drive
Elizabethton, Tennessee 37643
423.542.5344 ~ email@valleyforgechurch.com



INSTRUCTIONS :

This Medical and Surgical Waiver will apply to all youth/college events, trips and projects from January 1, 2011 through December 31, 2011. It will provide an adequate, current and usable record of each student's medical information both to Valley Forge Free Will Baptist Church and to hospitals the needed information, including parental permission, in the event their child needs medical attention. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current. After completing the form, have it notarized in the space provided, as this is a requirement of many hospitals.

PERSONAL INFORMATION :

SS/CTS Class : _____

Participant's Name : _____ Birth Date : _____

Parent / Guardian's Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Home Phone : _____ Business Phone : _____ Cell Phone : _____

MEDICAL INFORMATION :

Family Physician : _____ Phone Number : _____

List below (or write "none") any physical defects or conditions that the participant has such as: allergies, asthma, nervousness, headaches, dysmenorrheal, etc.

Should the participant at any time require medical attention, list any special information (or write "none") which the physician might require (i.e. allergic to penicillin, rare blood type, etc.)

Are student's immunization's current ? Yes No Date of last Tetanus : _____

MEDICAL INSURANCE INFORMATION :

Company Name / Insurance Provider : _____

Policy / Group Number : _____ Phone Number : _____

Check here if participant has NO Medical Insurance