

Temple Hill Baptist Church Youth Health Form
September 2024 – September 2025

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: _____