Pleasant Valley
Baptist Church

Medical Information

Print Name	

Allergic Reactions (specify)

Foods:	Plants:	Insects:

Other:

In the event of an allergic reaction, what is normal treatment?

Does participant carry Epi-Pen for allergic reactions? ☐ Yes ☐ NO

Existing Medical Conditions (check any that apply)

☐	Epilepsy	☐	Heart Condition	☐	Diabetes
☐	Motion Sickness	☐	Headaches	☐	Frequent stomach upsets
☐	High Blood Pressure	☐	Asthma	☐	Kidney problem
☐	Fainting	☐	Other:	☐	

For any items checked above, please provide more information here.	
List all **current medications**	
Date of last **tetanus shot**	

Glasses/contacts ☐ Yes ☐ NO

For routine medical care (headaches, scrapes, insect bites, etc.), please check any of the following that can be administered.

☐	Tylenol/acetaminophen	☐	Motrin/Advil/Ibuprofen	☐	Benadryl	☐	Neosporin
☐	Dramamine/motion sickness pill	☐	Hydrocortisone cream	Other:			

Any activity restrictions? ☐ Yes ☐ NO	If yes, please describe:
Is there any additional information we should be aware of regarding participant's medical history/conditions? ☐ Yes ☐ NO	If yes, please describe:

Any additional information that would be helpful in the event of an emergency:

NOTE TO PARENTS OF MINORS: Out of consideration for others, please do not bring your child to ministry activities if he or she is sick, has a cold, virus, sore throat, fever, or any other contagious infection.

Pleasant Valley
Baptist Church

Participant Information					
Participant's Full Name					
Date of Birth			Age		
Address					
City, state, ZIP					

Participant Under 18: Parent Information		
Parent Name(s)		
Home Phone	Cell Phone	Work Phone

Emergency Contact Information			
Name		Relationship	
Home Phone	Cell Phone	Work Phone	
Alternate Contact Name		Relationship	
Home Phone	Cell Phone	Work Phone	

Insurance Information	
☐	Check here if you do not have medical insurance coverage.
Attach copy of insurance card if available	
Insurance Company	
Insurance I.D. #	

Physician Information			
Primary Physician			
Physician's Phone		Chart /ID # if known	

EMERGENCY MEDICAL AUTHORIZATION:

In the event of an emergency, I hereby give permission to Pleasant Valley Baptist Church staff and volunteer workers who are with me or my child to provide and/or obtain medical assistance for me or my child. I also give permission to the medical personnel selected to secure proper treatment for me or my child. **I agree to hold harmless anyone associated with Pleasant Valley Church Baptist or its ministries who seeks to render emergency care of any kind to me or my child in the event of injury or illness while participating in Pleasant Valley Baptist Church activities. I acknowledge that Pleasant Valley Baptist Church is not a provider of emergency medical or health care services an I will be responsible for all costs billed by emergency/medical service providers.**

Parent/Legal Guardian Signature: ____**Date:**_________________

OR

Adult Participant Signature: ____**Date:**_________________

This form is valid for a period of one year from date of signature.

If there are any changes in the participant's information, it is the participant's (if adult) or parent or legal guardians' responsibility to complete a new form and return to the church office as soon as possible.