



Medical Information and Authorization

Bear Creek Baptist Church, 5901 N Fry Rd, Katy, TX 77449
281/859-9900

Name of Individual _____

Participant's Date of Birth _____ Sex _____ Grade in School _____

Parent/Legal Guardian Name (Please Print) _____

A. Medications Needed (use back of form if needed) _____
Note: All medications shall be placed under the care of an Adult Sponsor and dispensed according to written instructions provided by Parent or Legal Guardian.

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 original form or a facsimile of the original, signed form.

Date _____

Home Phone _____ Business Phone _____

Home Address _____
Address City State Zip

Insurance Company _____ Policy Number _____

Primary Insured's Name _____ Insurance Telephone for verification _____

Parent/Legal Guardian Signature _____ Date _____

I acknowledge that it is my responsibility to update any change concerning any and all information requested above during the year stated on this form.

Parent/Legal Guardian Signature _____ Date _____