

**FIRST BAPTIST CHURCH, OCEAN SPRINGS  
STUDENT MINISTRY**

Medical Information and History Form for January 2016 thru January 2017

After completing form, please sign and date the bottom

*(PLEASE PRINT)*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street City State Zip*

HOME PHONE: \_\_\_\_\_ Please Circle: Male/Female

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALT. PHONE: \_\_\_\_\_

HOSPITAL INSURANCE: Y or N POLICY # \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_  
*(Please attach copy of insurance card)*

List date of last immunization: DPT: \_\_\_\_\_ Tetanus: \_\_\_\_\_

MMR: \_\_\_\_\_ Polio: \_\_\_\_\_

Check if you have had: \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough

\_\_\_\_\_ Measles \_\_\_\_\_ Mumps

Other \_\_\_\_\_

Please list any allergies: Foods \_\_\_\_\_

Medicines \_\_\_\_\_ Insects \_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current Medications and Dosages: \_\_\_\_\_

Special Dietary Issues: \_\_\_\_\_

Other: \_\_\_\_\_

**SIGNATURE OF PARENT or Legal Guardian:** \_\_\_\_\_

Printed Name of **PARENT** or Legal Guardian: \_\_\_\_\_

Printed legal Name of **STUDENT**: \_\_\_\_\_

Date: \_\_\_\_\_