

FOURTH BAPTIST CHRISTIAN SCHOOL STUDENT-ATHLETE MEDICAL FORM

(Please Type or Print)

Today's date:

STUDENT-ATHLETE INFORMATION

Student's last name: _____ First: _____ Middle: _____ Medical Alert/Allergies: _____

| | | | |
|------------------------|--------------|---|---|
| Birth date: / / | Age: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Carpool Authorization: I authorize my child to carpool with the following person(s): (Please note - Students may not carpool with other students unless it is a sibling.) |
|------------------------|--------------|---|---|

Street address: _____ Home phone: _____ Student Cell: _____
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P.O. Box: _____ City: _____ State: _____ ZIP Code: _____

INSURANCE INFORMATION

(Please attach a copy of insurance card at the bottom of this form. Please copy both sides.)

Person responsible for bill: _____ Birth date: _____ Address (if different): _____ Home phone: _____
/ / Work phone: _____

School Year: _____ Parent(s): _____ Parent(s) address: _____ Dad's Cell: _____
Mom's Cell: _____

Is this student covered by insurance? Yes No Doctor: _____ Clinic Phone: _____

Please give primary insurance Company - _____

Subscriber's name: _____ Subscriber's ID# _____ Birth date: _____ Group #: _____ Policy #: _____ Co-payment: _____
/ / \$

Student's relationship to subscriber: Self Spouse Child Other

Name of secondary insurance (if applicable): _____ Subscriber's name: _____ Group #: _____ Policy #: _____

Student's relationship to subscriber: Self Spouse Child Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): _____ Relationship to student: _____ Home phone: _____ Cell or Work phone: _____
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In event of an injury or serious illness, I request that the school contact me. If the school is unable to contact me, I grant permission to FBCS personnel to release my child for immediate medical care. I will be responsible for all financial obligations incurred during such treatment. I also give approval for my child to participate in the FBCS Sports Program. I understand that in order to play that I must pay an athletic fee of \$150 for Varsity/Junior Varsity sport per child and \$125 for Junior High Sport per child per season.

Parent/Guardian Signature

Date

Place a copy of the Insurance card here.