

Registration / Medical Form 2021

STUDENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Your Cell Phone: _____

Grade: _____ Birthday: _____

Gender: MALE FEMALE

T-SHIRT SIZE: S M L XL 2X 3X

PARENT / GUARDIAN INFORMATION

Name of MOM: _____

Name of DAD: _____

LEGAL GUARDIAN: _____

Address: _____

City: _____ State: _____

Zip: _____ Home phone: _____

Mom Work Phone: _____

Mom Cell Phone: _____

Dad Work Phone: _____

Dad Cell Phone: _____

Another Emergency Name & Number other than parents.
NAME: _____

Home Phone: _____

Cell Phone: _____

INSURANCE COMPANY: PROVIDE A PHOTO COPY OF BOTH SIDES OF YOUR INSURANCE CARD.

[] NO INSURANCE [] SELF INSURED

**PLEASE FILL THIS FORM OUT IN ITS ENTIRETY!
DO NOT LEAVE ANY BLANK SPACES. IF IT DOES NOT APPLY PLEASE WRITE N/A.
THANKS!!!**

MEDICAL HISTORY

(X & provide appropriate information)

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Other (List medical conditions or problems below) | |

Previous operations or illness: _____

Date of last Tetanus shot: _____

Any current special Medications: _____

Name & Number of Physician:

ALLERGIES:

Food: _____

Penicillin/Other Drugs: _____

Insect Stings or Bites: _____

Poison Sumac, Ivy, Oak: _____

Parental Consent

My permission is granted for Riverview Baptist Church, staff, sponsors, or chaperones in charge to obtain necessary medical attention in case of sickness, injury, or accident to my child, and that any expenses incurred are my responsibility. Riverview Baptist Church will not be held liable for the loss of money or other personal items that may be lost or missing. Any damages or losses caused by my child, individually or with a group shall become my responsibility.

Use of any tobacco products, intoxicating beverages and/or drugs shall be prohibited. Other rules that are established to ensure proper health, safety, and enjoyment for all concerned shall be enforced. Failure to cooperate within these standards will result in my child being sent home early, and I; him/her; and he/she understands both the expectations and the consequences for failure to meet those expectations.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all staff, members, in an organized activity of Riverview Baptist Church.

Signed (Parent/Guardian)

Printed name:

dated this _____ day of _____,
2021 Tulsa County, Oklahoma