

Additional Information

The answers to these questions will help us provide the very best care for your child. We also need this information in case he/she should become ill and we would be unable to reach you right away.

MEDICAL INFORMATION

1. ___ Yes ___ No Is your child taking any medication?
If yes, please list _____
2. ___ Yes ___ No Any allergies or reactions to medication?
If yes, please list _____
3. ___ Yes ___ No Any food allergies?
If yes, please list _____
4. ___ Yes ___ No Any food allergies to insects?
If yes, please list _____
5. ___ Yes ___ No Does your child have asthma or difficulty breathing?
6. ___ Yes ___ No Does your child have speech or hearing problems?
7. ___ Yes ___ No Does your child have trouble with his/her eyes or seeing?
8. ___ Yes ___ No Does he/she have seizures, fits, or shaking spells?
9. ___ Yes ___ No Is your child able to play as hard as other children?
10. ___ Yes ___ No Is your child hemophiliac (free bleeder)?
11. ___ Yes ___ No Is your child on a heart monitor?
12. ___ Yes ___ No Does your child have tubes in his/her ears?

GENERAL DEVELOPMENT

13. ___ Yes ___ No Is your child in a special education class?
 14. ___ Yes ___ No Does your child get along with other children?
 15. ___ Yes ___ No Is he/she usually happy?
 16. ___ Yes ___ No Does your child have any special problems or needs not indicated above?
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INSURANCE & PHYSICIAN INFORMATION

17. ___ Yes ___ No Is your child covered by personal/family medical insurance?
If yes, name of insurer _____ Policy/Group Number _____ Child's
Physician _____ Office Phone _____ Physician's Office
Address _____

EMERGENCY INFORMATION

Please give an authorized person's name to act on behalf of the parent in an emergency other than the parent or employee of First Baptist Church Blountville

Name: _____
Home Phone: _____ Cell Phone: _____

PERMISSION TO PUBLISH PHOTOS

Occasionally, First Baptist Church Blountville may wish to publish photographs or short video clips of children involved in church-sponsored activities on an Internet accessible web server, (no names attached to photographs) a church audio-visual system, or display photographs in a church publication (bulletin, newsletter, special mailing, etc.) Do you give permission for your child to be included in these publications?

Custodial Parent: _____ **Date:** _____