



The Burn Permission and Medical Information Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Number: _____

Date of Birth: _____ Social Security Number _____

Parent(s) Name: _____ Cell Number: _____

Emergency Contact: _____ Phone Number: _____

Insurance Company: _____

Policy Number: _____

Know Medical Conditions/Allergies: _____

Medications currently taking: _____

Date of Last Tetanus Immunization: _____

My child, _____, has my permission to travel with Conway's First Baptist Church. My permission is also given to obtain medical treatment for my child in case of an emergency. In cases of major surgery or illness, parent's special permission will be sought by the hospital and attending physician prior to treatment.

Signature: _____ Date: _____

Please turn in completed form to the church office or mail to: Conway's First Baptist Church
1719 Robinson Ave.
Conway, AR 72034