

Bridges of Hope Fellowship

2447 Smithville Hwy., McMinnville, TN 37110 * 931-815-8870 * Fax 931-815-8871

HEALTH FORM

Everyone must have a notarized health form.

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBERS (include AREA CODE)

HOME _____ CELL _____ EMERGENCY _____

BIRTH DATE, IF UNDER 21 _____ PARENT(S) GUARDIANS _____

PLEASE CIRCLE YES OR NO (give details, if necessary)

Allergic to any Medicine(s)	YES	NO	Asthma	YES	NO
Diabetic	YES	NO	Allergies (be specific & list)	YES	NO
Convulsive Disorder	YES	NO	Tetanus Shot Current	YES	NO

Any other medical problem we need to know about? Please list:

Doctor-prescribed medications you/your child will take while away (list medications and dosage):

Make sure you/your child will have enough medication to last during the trip. All medication to be checked by an adult chaperone upon arrival.

Special diet as prescribed by a doctor? YES NO If yes, specify: _____

Any exercise you/your child should not do? YES NO If yes, list: _____

Are you / Is child covered by insurance YES NO (GIVE DETAILS...VERY IMPORTANT)

Insurance Company _____

Employee Name _____

Group Number _____ Policy Number _____

I agree to hold Bridges of Hope Fellowship and its agents harmless of any liability resulting from injuries or loss of property sustained by my child during the trip. I give consent for my child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by an adult chaperone.

NOTARY SEAL & SIGNATURE

Signature

PARENT/
LEGAL GUARDIAN _____

ADULT (18 or older) _____

My Commission Expires _____

DATE _____