

SECOND BAPTIST CHURCH
2026-2027 STUDENT MEDICAL INFORMATION FORM
300 East Kansas Street ▪ Liberty, Mo 64068 ▪ 816.781.2824

Student Name: _____ DOB: ____/____/____ SSN: ____-____-____
Address: _____ City: _____ ST: _____ Zip: _____

Family Physician _____ Phone: (____) ____-____
Family Insurance Co. _____ Policy # _____

Medical History

Disabilities / Allergies: _____
Previous operations or serious illnesses: _____
Current Medications: _____

Immunizations: ____ Tetanus (Date of Last Shot: ____/____/____) ____ Polio Booster ____ Measles ____ Mumps
Childhood Diseases: ____ Chickenpox ____ Measles ____ Mumps ____ Other (please list) _____

Emergency Contacts

Family Contact Name: _____ Phone #: (____) ____-____
Other Contact Name: _____ Phone #: (____) ____-____

Preferred Hospital

Name: _____ Phone #: (____) ____-____
Address: _____

PERMISSION FOR TREATMENT

I (and, if applicable, the student's other custodial parent) further consent and authorize that if in the sole discretion of the adults in charge of said activity, the above-named student is in need of emergency medical treatment, any such adult may give consent (in my behalf as parent/guardian and, if applicable, the student's other custodial parent) to such treatment, and may sign appropriate consent forms in my behalf (and, if applicable, in behalf of the student's other custodial parent) the same effect as if I (and, if applicable, the student's other custodial parent) had personally signed such consent form. I (and, if applicable, the student's other custodial parent) hereby release, and agree to indemnify and hold harmless (1) Second Baptist Church (hereinafter, the "Sponsor") as Sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said student during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I (and the student's other custodial parent, if applicable) hereby further release the Sponsor and all persons associated with it for any claims that I, said minor, or anyone else (including, if applicable, the student's other custodial parent) might have arisen out of the participation in such event by said student, or the consenting to, or the providing of, any such emergency medical treatment to such minor (in the absence of gross negligence or willful misconduct). By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on this form as quickly as is feasible under the circumstances.

STATE OF MISSOURI—COUNTY OF CLAY

Signature of Parent/Guardian Date: ____/____/____