

Temple Baptist Church Homeschool Co-Op Registration/ Medical Release Form

Student(s) Information

1. First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Grade (In Fall '23) _____ Birth date ____/____/____

Class Enrollment

Kindergarten:

1-6: Music

Art

P.E.

Spanish

7-12: Drama

Art

P.E.

New Testament Survey

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required Treatment

Should paramedic be called?

Yes/No

Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes___ No___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes___ No___ If yes, explain: _____

Does your child require a special diet?

Yes___ No___ If yes, explain: _____

2. First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Grade (In Fall '23) _____ Birth date ____/____/____

Class Enrollment

Kindergarten:

1-6: Music

Art

P.E.

Spanish

7-12: Drama

Art

P.E.

New Testament Survey

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3. First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Grade (In Fall '23) _____ Birth date ____/____/____

Class Enrollment

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Spanish

7-12: Drama

Art

P.E.

New Testament Survey

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Should paramedic be called?

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Yes/No

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Does your child require a special diet?

Yes__ No__ If yes, explain:_____

4.. First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Grade (In Fall '23) _____ Birth date ____/____/____

Class Enrollment

Kindergarten:

- 1-6: Music Art P.E. Spanish
- 7-12: Drama Art P.E. New Testament Survey

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain:_____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain:_____

Does your child require a special diet?

Yes__ No__ If yes, explain:_____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Street Address _____

Town/City _____ State _____ Zip code _____

Parent/Guardian #2

First _____ Last _____

Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Street Address _____

Town/City _____ State _____ Zip code _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

I understand that I will be notified in the case of a medical emergency involving my child(ren). In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child(ren) is injured or becomes ill. Parent's/Guardian's Initials _____

I understand that Temple Baptist Church will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Parent/ Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date: _____