

Spotswood Baptist Church  
4009 Lafayette Blvd.  
Fredericksburg, VA 22408  
540-898-0757

**ADULT/CHAPERONE**

**Medical / Information Form  
2015-2016**

Name: \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

Birth Date: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Emergency Contact Numbers: Home \_\_\_\_\_ Cell #s & Name(s) \_\_\_\_\_

Your Cell # \_\_\_\_\_ Your Work # \_\_\_\_\_

Email Addresses \_\_\_\_\_ (Spouse/Children) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Your Place of Employment \_\_\_\_\_

Doctor's Name and Phone number: \_\_\_\_\_

Check box to show that a copy of insurance card (front & back) accompanies this form.

Insurance Company: \_\_\_\_\_

Policy / Group #: \_\_\_\_\_

Please list any health/medical conditions you have: \_\_\_\_\_

Do you have any allergies? Please list... \_\_\_\_\_

Do you have any drug allergies? Please list... \_\_\_\_\_

Are you currently on any medications? Please list name, dose and schedule... \_\_\_\_\_

You will be responsible for administering your own medications.

**Copy of insurance card (front & back) must accompany this form.**

\_\_\_\_ (Initial) \*I give my permission for the group leader or another adult chaperone to authorize medical treatment for me at the nearest emergency care facility, should I become incapacitated.

\_\_\_\_ Please initial if you authorize Spotswood BC to include pictures of you on the church website and in printed material. Names WILL NOT appear in any picture descriptions.

Signature of adult chaperone: \_\_\_\_\_

Date: \_\_\_\_\_

**IF THERE ARE ANY CHANGES MADE DURING THE YEAR A NEW FORM WILL NEED TO BE FILLED OUT, OR YOU MAY MAKE CHANGES TO THIS FORM AND INITIAL W/ DATE.**