

**Preschool Medical Information**  
**2010 Southern Baptist Convention – Orlando, Florida**  
**June 13-16, 2010**

ID# \_\_\_\_\_  
(To be inserted at registration site)

Name of Child: \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Primary Insurance Policy \_\_\_\_\_

Policy # \_\_\_\_\_

Date of Tetanus Shot \_\_\_\_\_

Is Child allergic to Tetanus Booster?    Yes \_\_\_\_\_            No \_\_\_\_\_

Is Child on any daily medications?    Yes \_\_\_\_\_            No \_\_\_\_\_

If "yes" name medication and dosage: \_\_\_\_\_

Has Child had:

Chicken pox                                    Yes \_\_\_\_\_ No \_\_\_\_\_

Fainting spells                                Yes \_\_\_\_\_ No \_\_\_\_\_

Asthma                                         Yes \_\_\_\_\_ No \_\_\_\_\_

Heart Trouble                                 Yes \_\_\_\_\_ No \_\_\_\_\_

Seizures                                        Yes \_\_\_\_\_ No \_\_\_\_\_

Diabetes                                        Yes \_\_\_\_\_ No \_\_\_\_\_

Up to date on required shots            Yes \_\_\_\_\_ No \_\_\_\_\_

Special Needs                                Yes \_\_\_\_\_ No \_\_\_\_\_

Chronic Medical Problems (Please describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE**  
**Child Care Volunteers**  
**Will NOT administer**  
**ANY MEDICATION**

In consideration for your agreeing to accept the above named child as a Preschool participant, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician, for my child by a physician chosen by the First Aid Coordinator of the Southern Baptist Convention. I further relinquish all claims against, and will not hold liable the coordinators, teachers, or any interested parties, including the Preschool Center, for any accidents or for obtaining medical treatment for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date