



Medical Form Franklin Christian Church

4040 Murfreesboro Rd
Franklin, TN 37067
615-790-6605
www.franklinchristianchurch.com

Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home # _____ Cell # _____

Father's Name _____ Home # _____ Cell # _____

Insurance Company _____ Policy # _____

Primary Doctor _____ Phone # _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Primary Contact _____ Phone # _____

Secondary Contact _____ Phone # _____

Allergies: Penicillin Sulfa Bee Stings Hay Fever Poison Ivy Grass
 Food Allergies _____
 Other _____

Medical History: Seizures Clotting disorders Bedwetting ADD/ADHD Fears/Phobias
 Diabetes Hearing problems Vision problems Sleepwalking Asthma
 Heart Problems Autism/Aspbergers Comments _____

Child Diseases: Chicken Pox Measles Mumps Whooping Cough
Other _____

Current or Former Medical Conditions (List those that apply and provide specifics): _____

Minor is permitted to self-medicate with the following medications: _____

I authorize representatives from Franklin Christian Church to medicate my child with the following over the counter medications.

Acetaminophen (Tylenol) Ibuprofen (Advil) Diphenhydramine (Benadryl)

Date of Last Tetanus Booster _____

Permission for Treatment:

Permission is granted for representatives of Franklin Christian Church to obtain necessary medical attention in case of sickness or injury to the above minor in the event that I am unable to give said permission.

Signature of Parent or Guardian _____ Date _____

Printed Name of Parent or Guardian _____