

Highland Park Baptist Church
5206 Balcones Drive Austin, TX 78731
512-453-6603

Personal History/Medical Information Form

Name: _____ Age: _____ Phone: _____

Address: _____

Parent or Guardian: _____

Phone number or Parent/guardian: (Home) _____ (Work) _____

Medical insurance company: _____ Policy # _____

Primary Care Physician _____ Phone # _____

Immunization status: Tetanus _____ Polio _____

Medications currently being taken _____

List below any physical handicaps or conditions you have, such as headaches, allergies, nervousness, etc.

Should you need medical attention at any time during this period, list any special instructions that you might require. Please list allergies such as penicillin, etc. and rare blood type, if this applies:
