

Conqueror's Registration & Medical Form

First Baptist Church of Elgin

1735 W. Highland Avenue
Elgin, IL 60123

Name of Participant:_____

Address:_____City:_____Zip:_____

Email address:_____

Phone: Home:_____Cell:_____

Applicant's birth date:_____Sex:_____

Emergency contacts (2 people familiar with participant's habits and conditions)

Name:_____Phone:_____

Name:_____Phone:_____

Medical History

Medication Allergies:_____

Seizures: None:_____Controlled:_____

Respiratory problems: None:_____Asthma:_____

Heart Problems: No:_____Yes:_____Type:_____

Any other medical

concerns?:_____

Nutrition:

Food allergies:_____

Swallowing difficulties: Chokes:_____ **Soft diet:**_____

Food needs to be cut up:_____ **Puree diet:**_____

Will participant need assistance eating at the party? Y N

What type of assistance is required?_____

Name of person completing this form:_____

Relationship to participant:_____

**Please sign that you give permission for emergency medical treatment
if we are unable to contact you:**

Parent/caregiver Signature:_____

Date:_____