

2019 Medical Release Form

Student/Sponsor Information:

Name: _____ Gender: m f DOB: _____ Grade: _____ (11-12 school yr.)
Address: _____ City: _____ Zip: _____ Home Phone: _____
Email: _____ Cell Phone: _____ School: _____

Parent/Guardian Name(s): (This information is not required for persons over 21 years of age.)

Father: _____ Mother: _____
Address: _____ Address: _____
City _____ City: _____
(If different from above) (If different from above)
Phone (Cell): _____(home) _____ Phone (Cell): _____(Home) _____
Email: _____ Email: _____

Parent/ Guardian Employed by: (This information is not required for persons over 21 years of age.)

Father: _____ Mother: _____
Father Work Number: _____ Mother work Number _____

Medical information of Student/Sponsor:

Doctor's Name _____ Doctor's Phone Number _____

Are you currently taking medicine or treatment? (Please Circle) Yes No
If yes, list and explain _____

Are you restricted from sports or swimming for any reason? Yes No
If yes, list and explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Have you ever had a severe reaction to a bee/hornet sting or insect bite? (Please explain) Yes No
If yes, list and explain _____

- ◇ Sinus Trouble
 - ◇ Hay Fever
 - ◇ Heart Trouble
 - ◇ Epilepsy
 - ◇ Asthma
 - ◇ Diabetes
- List any Allergies:*
Food _____
Drugs _____
Do you have other medical needs? _____

Insurance Information: (please include a photocopy of insurance card)

Insurance company _____ Policy Number _____ Group Number _____
If Parents cannot be reached, please notify: _____ (Relationship to participant) _____
Phone: _____

I give my authority and consent to First Baptist Church's sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student/sponsor in the event he/she is ill or injured while participating or traveling to or from any church sponsored event/activity. I, undersigned parent/guardian of the above mentioned child who is a minor, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during this activity.

Signature of Parent/Guardian/Sponsor _____ **Date** _____