

Medical Release and Consent Form

Print one of these forms, attach a copy of insurance form or card, and turn in.

Participant Name _____ Age _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Name of Church _____ Address _____ City _____ State ____ Zip _____
In case of an emergency notify _____ Phone numbers: Home (____) _____
Work (____) _____ Mobile (____) _____ Other (____) _____

Medical Profile

Generally, participant's health is: (check one) ___Excellent ___Good ___Fair ___Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: asthma ___ sinusitis ___ bronchitis ___ kidney trouble ___
Heart trouble ___ diabetes ___ dizziness ___ stomach upset ___ hay fever ___ Other _____

List any medicines or substances to which you are allergic _____

List any previous operations or serious illnesses _____

List any medications you are currently taking _____

List any special diet or special needs _____

Childhood Diseases – chickenpox ___ measles ___ mumps ___ whooping cough ___ other _____

Date of Tetanus Immunization ____/____/____

Family Physician _____ Phone (____) _____

Insurance Company _____ Policy # _____

Subscriber Name _____ Subscriber # _____ Place of Employment _____

Subscriber Occupation _____ Work Phone (____) _____

Permission for Medical Treatment and Release and Indemnity

My permission is granted for the event director, church official or adult present or in charge of the First Aid, to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Summit Woods Baptist church and their employees and/or volunteers from any and all claim liability, demand, actions or causes of action, past, present or future arising out of any and all claim liability, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in this event.

Complete and sign below (youth under 18 years of age requires Parent / Legal Guardian signature)

Participant's Signature _____ Date ____/____/____

Parent / Legal Guardian Signature _____ Phone (____) _____ Date ____/____/____