CENTRAL HILLS MEDICAL RELEASE FORM

(attach a copy of medical insurance card)

You will need two copies of this form: one for Central Hills records and one for the church leader

NAME _____ MALE/FEMALE _____ BIRTHDATE _____ AGE _____

CHURCH _____ EMERGENY CONTACT _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE _____ SECOND PHONE OPTION _____

FAMILY PHYSICIAN _____ PHYSICIAN PHONE _____

INSURANCE COMPANY _____ ID # _____ GROUP # _____

PAST MEDICAL HISTORY

Immunizations current? ___Yes ___No Date of last tetanus shot? _____

Childhood diseases: ___Chickenpox ___Measles ___Mumps ___Whooping Cough

Other (please explain)_____

Special needs: (Wheelchair accessibility, handicap room, etc.) _____

Drug allergies: _____

Food allergies: _____

Prescription Medications: **Condition Taken For**:

_____

_____

_____

Non-Prescription Medications: **Condition Taken For**:

_____

_____

_____

Please list any current medical conditions:_____

Please list previous surgeries:_____

Did you attach a copy of Insurance I.D. card to this form? _____Yes ____No (if no, please explain)_____

_____

Changes in medication or medical status must be reported to camp nurse at registration.

PERMISSION FOR TREATMENT (COMPLETE IF UNDER 21 YEARS OF AGE)

My permission is granted for the Central Hills Mississippi coordinator (director), assistant coordinator (director), camp nurse, or other staff person in charge 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 all sponsors and the Discipleship/ Sunday School Ministires of the Mississippi Baptist Convention Board from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Central Hills Baptist Retreat Mississippi.

Dated this_____day of_____, 20_____, State of_____County of _____

Parent's Signature _____

On this_____day of_____, 20_____, personally appeared before me_____,

personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and

official seal this_____day of_____, 20_____.

My commission expires_____Notary Public _____