

First Baptist Church Baldwin

Medical Release Form

Personal Information:

Name of Participant: _____

DOB: ____/____/____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Secondary Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Insurance Information:

* Attach a copy of your insurance card to this form.

Insurance Company: _____

Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Company Address: _____ Phone: _____

Personal Medical Information:

Primary Physician: _____ Phone: _____

Any Known Medical Conditions (If any): _____

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Allergies (If any): _____

List ALL medications to be taken on the trip (Prescriptions MUST have a label):

List all operations or serious injuries and dates within the past five (5) years:

Emergency Authorization – I hereby give consent for any reasonable and proper medical treatment deemed necessary by a licensed physician and or hospital. In the event treatment is required from a physician and or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages from the giving of such consent.

I understand that I am ultimately responsible for the cost of any medical care, should the cost of that medical care not be reimbursed by the health insurance provider.

Signature of Parent/Guardian: _____

Date: _____

Notary Public

STATE OF MISSISSIPPI COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20_____, within my jurisdiction, the withing named _____, who acknowledged that (he) (she) (they) executed the above and forgoing instrument.

Notary Public, Signature: _____

My Commission Expires: _____