

Medical Release Form- 2017

Name: _____ Gender _____ DOB _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

In case of emergency notify: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Do you have any special health information that First Baptist Church Joelton should be aware of?

Yes No

If so, explain: _____

MEDICAL HISTORY

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles/Mumps

Other: _____

CHECK BOX BELOW TO GIVE APPROPRIATE INFORMATION:

Asthma Sinusitis Bronchitis Kidney trouble Diabetes

Heart trouble Dizziness Stomach upset Hay fever Other

List other: _____

ALLERGIES: Food: _____

Penicillin or other drug name: _____

Insect sting/bites: _____

Poison sumac, oak, ivy: _____

MEDICAL RELEASE:

I, _____ (Individual/Parent/guardian), give the adult sponsors of First Baptist Church Joelton the authority to provide or sign for medical treatment for _____ (Individual's name).

Signed: _____ Date: _____

RELEASE OF LIABILITY:

_____ will attend the Foggy Bottom canoe trip sponsored by First Baptist Church Joelton. I do not hold First Baptist Church Joelton liable for any injuries, accidents, or illnesses incurred during participation in this ministry. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary.

Signed: _____ Date: _____

Print Full name: _____

COMMENTS: _____
