

FIRST BAPTIST CHURCH of EASTMAN, GA
Medical Release Form/Permission to Treat



Student Name: _____
Sex (Male/Female): _____ **Social Security #:** _____
Birth date: ____/____/____ **Age:** _____ **Grade In or Just Completed:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____
Email Address: _____
Cell Phone #: _____

Parent/Guardian Name/s: _____
Home Phone: (____) _____ **Cell Phone:** (____) _____
Place of Employment: _____ **Work Phone:**(____) _____

Secondary contact to notify in event of emergency: _____
Their relationship to you: _____ Their phone:(____) _____

Hospital Insurance? YES NO **Name of Insured:** _____

Please supply ALL of the following information and attach a copy of your insurance card.

Medical Insurance Co.: _____ **Group #:** _____
Policy#: _____ **Company's Phone:**(____) _____
Company's address: _____
City: _____ **State:** _____ **Zip:** _____
Family Physician's Name: _____ **Phone:** (____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain medications, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you (Prescription meds MUST have a pharmacy label and name of doctor):

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

Special Medical Instructions:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by First Baptist Church.

Emergency Authorization - I hereby give permission to medical personnel selected by the participant's church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____ Date _____

The following to be completed by the notary witnessing parent/guardian's signature.

The State of _____ the County of _____
Before me, a Notary Public, on this day personally appeared _____ known to me
(or proved to me on the oath of _____) to be the person whose name is subscribed to
the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration
therein expressed. Given under my hand and the seal of the office this _____ day of
_____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.

