Medical Release Form / Permission to Treat

First Baptist Church
230 S 5th St.
Williamsburg, KY 40769
(606) 549-0280

Personal Information:

Name: _____

SS # (optional): _____ DOB: _____/_____/_____ Age:_____ Gender:_____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____

Home Phone: (_____)_____ Work Phone: (_____)_____

Email address: _____

Secondary Contact: _____ Relationship: _____

Home Phone: (_____)_____ Work Phone: (_____)_____

Email address: _____

Insurance Information:

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

Insurance Co.: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (_____)_____

Personal Medical Information:

Physician s Name: _____ Phone: (_____)_____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

_____

_____

_____

_____

(White Form)

_____

List ALL medication taken on a regular basis:

_____

_____

_____

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

_____

_____

_____

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.

Emergency Authorization - I hereby give permission to medical personnel selected by the First Baptist Church Knoxville 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.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

I grant my permission to the foregoing parties to use any photographs, motion pictures, recordings, or any other record of participation in children's functions for any legitimate purpose.

Signature of Parent/Guardian _____ Date _____

(White Form)