

Medical Release Form
First Baptist Church, Statesville, North Carolina

Participants Information

Participants Full Name: _____ Age: _____

Birth Date: ____ - ____ - ____ Birth Place: _____ SS#: _____

Address: _____

Home Phone: _____

Last Date of Tetanus or Booster Shot: _____

Any Known Medical Conditions (please list all including allergies): _____

List All Medications Currently Taking: _____

Parent/Guardian Information

Parent's or Guardian's Full Name: _____

Phone: (AM) _____ (PM) _____ other _____

Employer: _____

Address (if different from participants): _____

Emergency Contact Information

Emergency Contact Name: _____

Phone (AM): _____ (PM) _____ other _____

Relationship to Participant: _____

Address: _____

Physician's Information

Name: _____ Phone: _____

Address: _____

Insurance Company Information:

Company/carrier Name: _____

Policy#: _____ Phone#: _____

Address for Claims: _____

This section must be signed and notarized to be valid for use

I the undersigned, as parent/guardian, give permission for a First Baptist Church, Statesville, NC staff member or adult chaperone to obtain necessary emergency medical care in the case of sickness or injury for my child

_____ (participant's name) while he/she is attending any First Baptist Church sponsored Youth Ministry activity between today _____ and 1 year from this day _____.

Printed Name: _____

Signature: _____ Date: _____

(If under 18 MUST be signed by parent or guardian)

Notary Witness State: North Carolina County: _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally Appeared before me this day and acknowledged the due execution of the foregoing Instrument. Witness my hand and official seal, this the _____ day of _____, 200__.

Notary Public Signature

_____/_____/_____

My Commission Expires

(Official Seal)