

**PLEASE ATTACH A COPY OF YOUR CURRENT  
INSURANCE CARD (FRONT & BACK) TO THIS FORM**

# **ADULT MEDICAL RELEASE**

## **FIRST BAPTIST CHURCH OF ELLISVILLE**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person to Contact in case of emergency \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Please list medications that you are allergic to \_\_\_\_\_

Please list any and all medications that you are now taking \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Blood Type \_\_\_\_\_

Please list any past injuries or surgeries \_\_\_\_\_

**In the event I am rendered incapable of making a decision concerning my medical welfare, I do give permission to First Baptist Church of Ellisville leaders to select a physician and to authorize x-rays, routine tests, injections, surgeries, anesthesia and treatment deemed necessary. This authorization is for the dates of January 1, 2012 through December 31, 2012.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary  
Notary Public-State of Missouri  
County of St. Louis  
My commission expires \_\_\_\_\_

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# **CHILDREN/YOUTH MEDICAL RELEASE**

## **FIRST BAPTIST CHURCH OF ELLISVILLE**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Other person to contact in case of emergency : \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

### **HEALTH HISTORY - Check if child has had:**

- ear infections     dietary restrictions     chicken pox     measles  
 heart trouble     operations     allergies     serious health issues

### **ALLERGIES - Check if child is allergic to:**

- insect stings     penicillin     foods     other drugs  
 poison ivy     other

**If child has allergies to other drugs or foods, please list them and their reaction.**

\_\_\_\_\_  
\_\_\_\_\_

**List medications child is currently taking, including vitamins. Please indicate the dosing instructions for each medication.**

\_\_\_\_\_  
\_\_\_\_\_

**Please list the name, address and phone number of the child's physician and any physician who should be consulted in the event of an emergency or medical problem.**

<b>Physician</b>	<b>Address</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the name, address and phone number of your child's dentist and/or orthodontist. \_\_\_\_\_

Please provide information concerning any insurance benefits for which your child is eligible:

Insurance Company \_\_\_\_\_ Insured's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Phone Number of Insurance Company \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY CARE

In the event of an emergency or if I cannot be reached, I give permission to the physician(s) selected by the First Baptist Church of Ellisville leaders to order x-rays, tests, injections, surgeries, anesthesia or other treatment deemed necessary for the health of my child. I understand that I will be financially responsible for the cost of any medical treatment and ambulance or other transportation expense for my child. FBC Ellisville has insurance coverage which may provide benefits over and above personal coverage.

Although I recognize that circumstances such as time and distance may affect the choice of a medical facility, I prefer that my child be treated at the hospital(s) that I have placed a checkmark by:  St. Luke's West  St. John's Mercy Hospital  Missouri Baptist  Cardinal Glennon  Children's Hospital  St. Joseph

\_\_\_\_\_ has my permission to attend any official, scheduled on-site or off-site First Baptist Church of Ellisville activity from January 1, 2012 through December 31, 2012.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

Notary Public-State of Missouri

County of St. Louis

My commission expires \_\_\_\_\_