

# Medical and Emergency Information

Please print

Legal name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PREFERRED PERSON to be called in emergency (friend / son / daughter / neighbor / other)

Name \_\_\_\_\_ Phone Day \_\_\_\_\_ Cell \_\_\_\_\_ Night \_\_\_\_\_

## 2ND PERSON to be called in case of emergency (friend / son / daughter / neighbor / other)

Name \_\_\_\_\_ Phone Day \_\_\_\_\_ Cell \_\_\_\_\_ Night \_\_\_\_\_

## HOSPITALIZATION INSURANCE:

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

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

Name of Insured \_\_\_\_\_

Policy or Group Number \_\_\_\_\_ Certificate Number \_\_\_\_\_

**PHYSICIAN'S NAME** \_\_\_\_\_ Phone # \_\_\_\_\_

Name of preferred hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Limitations (asthma, diabetes, heart conditions, epilepsy, etc) \_\_\_\_\_

Date of Last Tetanus shot \_\_\_\_\_

## ALLERGIES (please be specific):

Drugs or Medications \_\_\_\_\_

Food \_\_\_\_\_

Insects \_\_\_\_\_

Other \_\_\_\_\_

## PRESCRIBED MEDICATIONS (Please list all that are taken routinely; use back of page if necessary)

Medication \_\_\_\_\_ Medication \_\_\_\_\_

Purpose \_\_\_\_\_ Purpose \_\_\_\_\_

Time of Dose \_\_\_\_\_ Time of Dose \_\_\_\_\_

Medication \_\_\_\_\_ Medication \_\_\_\_\_

Purpose \_\_\_\_\_ Purpose \_\_\_\_\_

Time of Dose \_\_\_\_\_ Time of Dose \_\_\_\_\_

## Agreement of Participant

In consideration of First Baptist Church, Mount Pleasant, Texas ("FBCMP"), the undersigned agrees to the acknowledgments, authorizations, releases, and agreements of the Agreement. In entering into this Agreement, the undersigned acknowledges that some or all of the events (elected by said participant) may be considered hazardous activities that have many inherent risks that could result in injuries or death. The undersigned has voluntarily chosen to participate in those events, despite the associated risks.

The undersigned, for himself or herself, his assigns, representative, heirs, executors, and administrators, hereby:

1. Authorizes and grants to FBCMP the authority, in the event of the incapacity of the undersigned, to seek medical care for the undersigned, including, but not limited to, such medical and surgical treatments or procedures as the treating physician chosen by appropriate FBCMP personnel may, in such physician's sole determination, deem necessary or advisable. The undersigned further authorizes and grants to FBCMP, and the appropriate personnel, authority to transport the undersigned at FBCMP's discretion to such medical facilities as FBCMP may deem necessary or advisable. The undersigned certifies that the medical information set forth on the Medical and Emergency Information sheet is complete and accurate. I, the undersigned, certify that I have adequate insurance to cover any injury or illness suffered during any event, and I agree to bear all costs incurred by FBCMP for the undersigned upon the advice of the treating physician;
2. Releases, waives, discharges, and indemnifies FBCMP, its ministers, officers, employees, members, and authorized volunteers (the "Releasees") from any and all liability, loss, or injury or death to the undersigned, or damage to the undersigned's property arising out of or related to the undersigned/s attendance or participation in the event (including, without limitation, the undersigned's use of transportation, whether provided directly or indirectly by FBCMP or any of the Releasees to or from any FBCMP event; and
3. Understand and agrees that nothing in the Agreement is intended to constitute a release or otherwise affect the rights of the undersigned against any third party that is independent from FBCMP and the Releasees.

The undersigned is signing this document on his or her own behalf, and agrees to be specifically bound to all terms and conditions of this Agreement. The undersigned has read this Agreement, fully understand that he or she is giving up substantial rights by signing it, is aware of its legal consequences, has signed this document freely and voluntarily, and knowingly accepts all the terms and conditions as set forth above. **The SIGNATURE BELOW CONSTITUTES A RELEASE OF LIABILITY OF FBCMP AND THE RELEASEES.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ (Space above for Notary)