



First Baptist Church,
915 S. Cedar St.
Colville, WA. 99114



2009

Student Ministry Medical Release Form

Name: _____ Social Security #: _____

Birth date: ___/___/___ Age: _____ Sex (M/F): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

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

Secondary contact to notify in event of emergency: _____

Their relationship to you: _____ Their phone: (____) _____

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

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

Company's address: _____ Company's Phone: (____) _____

City: _____ State: _____ Zip: _____

Family Physician's Name: _____ No. _____ Phone: (____) _____

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

List ALL medication taken on a regular basis (Prescription meds MUST have a pharmacy label and name of doctor): _____

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

Date of last Tetanus Shot: _____

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 sponsors to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the First Baptist Church sponsors to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child 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 First Baptist Church, its staff, or sponsors from liability associated with participation in First Baptist Church Student Ministry activities and events.

Signature of Parent/Guardian _____

Date _____