

Mount Hermon Baptist Church

Medical Release Form for Minors

Minor's Name _____

Address _____

City/State/Zip _____

Date of Birth _____ SSN _____

Parent/Guardian Name _____

Address (if different from above) _____

City/State/Zip _____

Employer _____

Daytime Phone _____ Evening Phone _____

Insurance Company _____ Policy No. _____

Name of Policy Holder _____ SSN _____

Are you currently taking medicine or treatment? Yes No
If yes, explain _____

Have you been restricted from sports or swimming for any reason? Yes No
If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year: _____

Have you ever had a severe reaction to a bee/hornet sting or insect bite? Yes No
If yes, explain _____

- Do you have:
- Sinus Trouble
 - Hay Fever
 - Heart Trouble
 - Epilepsy
 - Asthma
 - Diabetes

- List any Allergies:
- Food _____
- Drugs _____
- Other Medical Needs _____

Please, note any additional information here:

(Please continue on reverse)

Minor's Name: _____

In case of emergency, please contact:

Name

Phone Number

1. _____

2. _____

3. _____

Physician _____ Phone _____

Being the parent or legal guardian of _____, (*minor's name printed*) I _____ (*parent/guardian's name printed*) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event that I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of Mount Hermon Baptist Church, Danville, Virginia, or organization sponsoring this event will be used as secondary coverage.

(THIS FORM MUST BE SIGNED AND STAMPED BY A NOTARY)

Parent/Guardian Signature _____ Date _____

(This form is valid for one year following today's date.)

Notary Signature _____ Date _____

Notary County of Residence _____ Term Expires _____