

Medical Information



Participant's Name _____

Date of Birth _____

Street Address _____

City, State _____

Zip _____

Emergency Contact Name _____

Relationship to Participant _____

Primary Contact # _____

Secondary Contact # _____

Medical Insurance Company _____

Company Phone _____

Member ID # _____

Group # _____

Primary Physician _____

Physician Contact # _____

Alternative Emergency Contact Name _____

Contact # _____

Medical History

Drug Allergies: _____

Other Allergies: _____

Immunizations Current? Yes No Date of last tetanus shot? _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough
 Other: _____

Please list any current medications and dosing instructions:

Please list any operations or serious illnesses along with relevant dates:

***A copy of insurance I.D. card must accompany this form.**

Submit

Authorization

Authorization and permission is hereby given to FIRST BAPTIST CHURCH OF GULFPORT, MISSISSIPPI to furnish any necessary transportation, food, and lodging for the participant noted below.



We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission for him (her) to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or other medical treatment, and we (I) here by assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

This agreement shall remain in force until rescinded in writing by either party.

(Only participant need sign if 21 years of age or older. If under 21, both parent(s) must sign unless due to separation, divorce, or death in which case the custodial parent must sign.)

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date

Participant's Signature (if age 21 or older)

Date

Notary Information

On the above date, the above named person(s), personally known to me, appeared before me and in my presence executed the within and foregoing authorization form.

Witness my hand and official seal this the _____ day of _____.

Notary Signature

Trip Participant Only:

I have read the forgoing and understand its contents and will abide under the direction and guidelines of the leadership of the trip.

Participant's Signature

Date

Photo/Video Release

Photographs and videos will be taken during all student ministry events. These may be posted on, but not limited to our website, Facebook® and Twitter® accounts, and various ministry related publications. Parental consent is needed for students 18 years of age and younger to be photographed and filmed. Permission is given for participant to be photograph and filmed.

Parent Signature

Date