

Sandy Plains Baptist Church

2825 Sandy Plains Road Marietta, GA 30066 770-971-8525

Medical Release Form/ Permission to Treat

PERSONAL INFORMATION (please write legibly):

Name of Student / Child: _____

Date of Birth: / / Age: Gender: _____

Name of Student / Child: _____

Date of Birth: / / Age: Gender: _____

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Date of Birth: / / Age: Gender: _____

Name of Student / Child: _____

Date of Birth: / / Age: Gender: _____

Check here if more than four children. Please put the additional information on the back of this form.

CONTACT INFORMATION (please write legibly):

Primary Contact: _____ Relationship: _____

Primary Phone: _____ Home / Work / Mobile (circle one)

E-Mail Address: _____

Street Address: _____

City: State: Zip: _____

Secondary Contact: _____ Relationship: _____

Primary Phone: _____ Home / Work / Mobile (circle one)

E-Mail Address: _____

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Name of Student / Child:

MEDICAL INFORMATION:

Physician's Name:

Phone:

Physical Limitations (*please specify for each child*) (Asthma, diabetes, allergies, etc), Special Instructions (Allergic to certain meds, foods, rare blood type, etc), and / or Medications:

INSURANCE INFORMATION (or attach copy of front and back of current card):

Insurance Company:

Group #

Policy #

Cardholder:

Relationship to Student / Child:

Insurance Address:

Insurance Phone:

In the event of an emergency and none of the provided contacts are available, I hereby authorize Sandy Plains Baptist Church, or anyone they may designate, to seek treatment for my son(s) and / or daughter(s) (represented on this form) for injuries or illness they may incur or demonstrate while participating in any church sponsored function. I authorize necessary treatment, admission and release for any hospitalization designated by Sandy Plains Baptist Church or their designate.

I further authorize the release of the provided medical information to appropriate medical personnel and / or the health coverage insurance company. In addition, I release the church, its employees or agents from liability associated with participation in any church sponsored function.

I understand I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and / or injury. I will notify the church if there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity that they have any questions about for health or other reasons.

Signature of Parent / Guardian:

Date:

Signature of Notary:

Date:

Commission Expiration Date:
