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:

Name of Student / Child:

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:

OVER

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:

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/ daughter _____ for injuries or illness they may incur 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.

Signature of Parent / Guardian: Date: