

Medical Release Form

Name: _____

 Last First Middle

Social Security Number: _____

Date of Birth: _____

Address:

Parent/Guardian Names: (if applicant is a minor)

Emergency Contact Name: _____ Cell #:

Home Phone #: _____ Work Phone #:

Emergency Contact Name: _____ Cell #:

Home Phone #: _____ Work Phone #:

Primary Physician: _____

Phone #: _____

Insurance Company: _____

Group #: _____

Member #: _____

Insurance Company Phone #:

Insurance Company Address:

MEDICAL HISTORY

List any medications taken on a regular basis:

List any allergies:

Do you have any restrictions that would keep you from being involved in certain activities?

Other pertinent medical information that we should be aware of:

MEDICAL WAIVER

1. TO BE COMPLETED BY PARENTS OF MINOR UNDER 18 YEARS OF AGE:

I, the parent/guardian of , _____ a minor, hereby acknowledge that the said minor is presently under my care, custody, and/or control. I hereby give my express permission to go on the 2017 Activities/Trips with First Baptist Church of Mineola, Texas. I furthermore grant permission for my child to participate in all activities, as my child is capable.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the First Baptist Church of Mineola, Texas staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I, _____ , the parent of _____ , do release, acquit, discharge, and covenant to hold harmless First Baptist Church of Mineola, Texas its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, or liabilities, and financial responsibility for all medical treatment provided during the attendance of 2017 Activities/Trips sponsored by the First Baptist Church of Mineola, Texas.

2. TO BE COMPLETED BY ADULTS 18 YEARS OF AGE OR OLDER:

In the event there arises an emergency necessitating medical or surgical attention, I,

, hereby consent and give my permission to the First Baptist Church of Mineola, Texas staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery on my behalf which may in their sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless First Baptist Church of Mineola, Texas its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of 2017 Activities/Trips sponsored by the First Baptist Church of Mineola, Texas.

I have read this Medical Release Form and agree to the terms of this document, and agree that I am signing it on behalf of the above named party.

SIGNATURE OF PARENT/GUARDIAN

Date

I give permission for my student's image to be used in the publicity of First Baptist Church of Mineola; printed materials and online usage through our website and social media accounts.

SIGNATURE OF PARENT/GUARDIAN

State of Texas County of Wood

Subscribed and sworn to (or affirmed) before me this _____
day of _____, _____.

Notary Public