



# Medical Release Form

## **PARTICIPANTS NAME** \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle  
mm/dd/yyyy

Address \_\_\_\_\_  
Street/P.O. Box City Zip

Student cell phone \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **IN THE EVENT OF AN EMERGENCY:**

Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Alternate Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **MEDICAL INFORMARION:**

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies \_\_\_\_\_  
Present Medications \_\_\_\_\_

Is this person subject to diabetes, asthma, fainting or heart trouble? NO YES

If yes to any of these, please explain \_\_\_\_\_

Date of last Tetanus (D.T.) \_\_\_\_\_

Any activity restrictions? NO YES

If yes, what restrictions? \_\_\_\_\_

## **INSURANCE INFORMATION:**

Name of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ Group # \_\_\_\_\_  
Phone \_\_\_\_\_ Name of Insured \_\_\_\_\_

I, who by law may do so, authorize the administration of emergency medical treatment to he/she who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times while in care, custody, and control of Georgetown Baptist Church, and authorize adults in charge to take whatever steps they feel necessary for the safety and well being of said youth. I agree to release agents of the Church from any liability in connection with their handling of arrangements for the youth, medical or otherwise. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed as soon as possible.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_