

First Baptist Church Gray
134 W. Clinton Street, Gray, Georgia 31032 – 478.986.3098
First Baptist Medical & Travel Release Form – August 1, 2017 through July 31, 2018

Participants

Name _____ Date _____

Last Name *First Name* *MI*

Address _____

Street *City* *State* *Zip*

Home Phone _____ Birth Day _____ Grade _____ Gender (circle) M F

mm / dd / yyyy

Father _____ Work Phone _____ Cell Phone _____

Mother _____ Work Phone _____ Cell Phone _____

Guardian _____ Work Phone _____ Cell Phone _____

In case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone(s) _____ Relationship _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Medical Insurance Yes No Name of Insurance Company _____

Policy Number _____ Insurance Company Phone Number _____

Name & Birth Date of Primary Insured _____

****Please attach a copy of the front and back of participant's medical insurance card.****

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Food and/or medicine allergies: _____

Other Important Medical Information: _____

I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

