

# First Baptist Church Mandatory Health Release Form

Date of Activity: \_\_\_\_\_

*(Please Print)*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # ( ) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Social Security # \_\_\_\_\_

### EMERGENCY CONTACT PERSON

Parent/Guardian Name \_\_\_\_\_  
Address (if different from student) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

### ALTERNATE CONTACT PERSON (Use someone near the primary contact)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

### INSURANCE INFORMATION

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity. If you do not have medical insurance you will be responsible for reimbursing First Baptist Church for any expenses incurred for medical treatment.

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of insurance company \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
Insurance Company Phone # \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
In whose name is the insurance? \_\_\_\_\_  
Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contacted prior to activity, please send us the necessary information to give him/her proper care during his/her time with the First Baptist Church activity.

**HEALTH HISTORY**

Any pre-existing or present medical conditions?

Name and dosage of any medications that must be taken

Any allergies? \_\_\_\_\_ Allergies to medication? \_\_\_\_\_

Hay Fever \_\_\_\_\_ Heart condition \_\_\_\_\_

Diabetes \_\_\_\_\_ Insect stings \_\_\_\_\_

Epilepsy/Nervous Disorders \_\_\_\_\_ Asthma \_\_\_\_\_

Any major illness during the past year? \_\_\_\_\_

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

Date of last Tetanus shot \_\_\_\_\_

Contact lenses? \_\_\_\_\_

Any Swimming restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Any Activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT:**

We (I) understand that in the event medical intervention is needed, every attempt will be made to contact me immediately or the persons listed on this form. In the event We (I) cannot be reached in an emergency during the activity dates shown on this form, We (I) hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary by First Baptist Church, its leaders, employees, and volunteer staff. First Baptist Church will not be held liable for damages, losses, diseases, or injuries incurred by the subject of this form.

We (I) do hereby allow my child to participate in this specific activity of First Baptist Church. We (I) understand that First Baptist Church will not be held responsible for any accident or injury to my (our) child during the time that they are under the authority of this ministry. In the event of any misconduct performed by my (our) child during the course of time they are under the authority of First Baptist Church we (I) fully understand that the responsibility of having my (our) child sent home by a Greyhound Bus Line (or other means of transportation) will be the sole responsibility of myself (we) the parent(s).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_

Notary Public (Signed Signature): \_\_\_\_\_

Seal \_\_\_\_\_ Expiration Date: \_\_\_\_\_