

North Highlands Baptist Church
Medical Release Form / Permission to Treat

Name of Church: North Highlands Baptist Church

City/State: Hueytown, AL

Name: _____ Social Security: #: _____

Birthdate: ___/___/___ Age: ___ Sex: (M/F): ___

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home Phone:(____)_____ Work Phone:(____)_____

Secondary contact to notify in event of emergency:

Name: _____ Relationship to you: _____

Phone:(____)_____

Please supply ALL of the following information.

*****Attach a copy of the front and back of your insurance card.**

Medical Insurance Company: _____

Subscriber's Name: _____ Subscriber's Date of Birth: ___/___/___

Group# _____ Policy#: _____

Company's address: _____

City: _____ State: _____ Zip: _____

Company's Phone:(____)_____

Family Physician

Name: _____ Phone:(____)_____

***Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

***List ALL medication taken on a regular basis and/or any brought with you (Prescription meds MUST have a pharmacy label and name of doctor):

***List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization

I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the primary nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian

Date

Notary Information

The following is to be completed by the notary witnessing the parent/guardian's signature.

The State of _____ The Country of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this ____ day of _____, A.D._____.

Notary Public, Signature

My commission expires the ____ day of _____, A.D._____.