

**Medical and Liability Release Form / Permission to Treat
First Baptist Church**

200 East Bankhead St. / New Albany, MS 38652 / 662-534-5812

Please complete form, have form notarized and turn in with a copy of your current health insurance card.

Participant's Name: First _____ MI _____ Last _____

Date of Birth: ____/____/____ **Social Security #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

In case of emergency contact: _____

Phone: _____ **Cell(?):** _____

Family Physician: _____ **Phone:** _____

Family Medical Insurance: _____

Policy Holder's Name: _____ **Policy #:** _____

Policy Holder's Date of Birth: ____/____/____ **Policy Holder's Social Security #:** _____

Please remember to attach a copy of both sides of your current health insurance card with this form.

Medical History

(Check any that apply and give explanations on the back for these and any other conditions that may apply.)

Asthma Sinusitis Seizures Kidney Trouble Diabetes Dizziness

Stomach Upset Hay Fever Sleep Walking Headaches Heart Trouble Other

Swimming Restrictions: Yes No **Activity Restrictions:** Yes No

What Restrictions?: _____

Allergies (explain):

Food: _____

Penicillin or other drugs: _____

Insect Stings/Bites: _____

Poison Sumac, oak or ivy: _____ **Other:** _____

Date of last Tetanus Shot: _____

List any and all medications the participant is currently taking along with dosages: _____

Permission for Medical Treatment and Liability Release

My permission is granted for the trip director, church sponsor, or any First Baptist Church of New Albany, Mississippi staff in charge to obtain necessary medical attention in case of sickness or injury to my participant.

I, the undersigned, do hereby verify that the above information concerning my child is correct and I do hereby release and forever discharge all volunteers, sponsors, directors, and any staff in charge, from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury to my child while participating in any First Baptist Church of New Albany, Mississippi activity. I also understand that if I do not possess health insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness or injury. This authorization shall remain effective for the entire calendar year or until terminated in writing and delivered to an adult sponsor of the First Baptist Church of New Albany, Mississippi.

Dated this _____ **day of** _____ **in the year** _____, **state of** _____ **county of** _____

Parent/Guardian's Signature: _____

On this the _____ **day of** _____ **in the year** _____, **personally appeared before me**

Certified Notary Public