

Bethel Baptist Church



Medical Release Form/Permission to Treat

Activity: _____ Date: ____/____/____

Personal Information:

Child's Name: _____

SS# (optional): _____ DOB: ____/____/____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Secondary Contact: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co: _____ Group Number: _____

Policy Number: _____ Cardholder: _____

Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (____) _____

Personal Medical Information:

Physician's Name: _____ Phone: (____) _____

List ALL physical limitations (Asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, contact lenses, rare blood type, etc.):

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

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

This 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. As the parent/guardian of this child, I acknowledge that it is my responsibility to update this information as appropriate, if for any reason circumstances, health issues or insurance changes occur.

Emergency Authorization:

- ⇒ I hereby give permission to medical personnel selected by BBC sponsor, staff member or other children's worker to order x-rays, routine test and treatment for my child in the event that neither I, nor the 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.
- ⇒ 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 children's ministry functions.

Signature of Parent/Guardian: _____

Date: ___ / ___ / ___