

Medical Release Form

For children/youth participating in church sponsored events and activities from January 1 to December 31, 2010.

*Please attach a photocopy of insurance form or card

Participant Name _____ Age _____ Date of Birth ___/___/___ SS# _____
Address _____ City _____ State _____ ZIP _____
In case of an emergency notify: _____ Phone Numbers – Home: (____) _____
Work: (____) _____ Mobile: (____) _____ Pager: (____) _____ Other: (____) _____

Medical Profile

Generally, Participant's Health is: (Check One) _____ Excellent _____ Good _____ Fair _____ Poor

If Fair or Poor, please explain Participant's condition: _____

List any medical difficulties for which Participant is currently being treated: _____

Check any of the following that cause Participant problems and explain: _____ Asthma _____ Sinusitis
_____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____ Diabetes _____ Dizziness _____ Stomach
Upset _____ Hay Fever Explanation: _____

List any medicines or substances to which Participant is allergic: _____

List any previous operations or serious illnesses: _____

List any medications Participant is currently taking: _____

List any food allergies or special diet needs: _____

Childhood diseases Participant has had: _____ Chickenpox _____ Measles _____ Mumps _____ Whooping
Cough _____ Other: _____

Date of Tetanus Immunization: ___/___/___

Family Physician: _____ Phone: (____) _____

Insurance Co.: _____ Policy #: _____

Subscriber Name: _____ Subscriber #: _____ Place of

Employment: _____ Subscriber Occupation: _____

Work Phone: _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for church official, leader, event leader or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during church sponsored activities or events and that these photos/videos may be used for promotional materials or posted on First Baptist Church Weber City website.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church Weber City and their employees or volunteer leaders from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in church sponsored events or activities. I agree to indemnify First Baptist Church Weber City for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in church sponsored events or activities or while on property owned by First Baptist Church Weber City.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)-

Participant's Signature: _____ Date: ___/___/___

Parent/Legal Guardian Signature: _____ Phone (____) _____ Date: ___/___/___

Notary Acknowledgement:

State of _____

County of _____

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20____.

Notary signature: _____

My commission expires: _____