First Baptist Church

Student Ministry

First Baptist Church Jennings
1001 Cary Ave.
Jennings, LA 70546
337-824-3271
www.fbcjennings.com

Medical Release Form/Permission to Treat

PERSONAL INFORMATION:

Name of Participant: _____ DOB: ___/___/___ Age: _____

SSN: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian: _____ Relationship: _____

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

Secondary Contact: _____ Relationship: _____

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

INSURANCE INFORMATION:

*Please attach a copy of insurance card to this form.

Insurance Co.: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship: _____

Insurance Co. Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

PERSONAL MEDICAL INFORMATION:

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

Physcial limitations, allergies, or special instructions (Asthma, diabetes, allergic to medications, food, bees, etc.):

_____

_____

_____

_____

_____

List ALL medications taken on a regular basis and/or any brought with you to camp. (Prescription medications MUST have a pharmacy label and name of doctor)

_____

_____

_____

_____

List all operations, surgeries, or serious injuries that requires hospitalization with the past 5 years (include dates):

_____

_____

_____

_____

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

Emergency Authorization – I hereby give permission to medical personnel selected by the participant's church sponsor or his/her designee to order, as needed, radiological studies, routine tests, and treatment for my participant. In the event of an emergency and neither my 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 myself 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, agents, or volunteers, 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 summer camp.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Relationship: _____

The following should be completed by the notary witnessing parent/guardian signature.

The State of _____ the County of _____. Before me, a Notary Public, on this day personally appeared _____ known to me 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 _____