MEDICAL RELEASE FORM/PERMISSION TO TREAT

FOR CHURCH USE ONLY

PERSONAL INFORMATION

Name:_____

SS# (Optional):_____ Birthdate:_____/_____/_____ Age:_____ Gender:_____

Address:_____ City:_____ State:_____ Zip:_____

EMERGENCY CONTACT INFORMATION

Parent/Guardian:_____

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

Secondary Contact:_____ Relationship:_____

Mobile Phone:(_____)_____ Work Phone:(_____)_____

INSURANCE INFORMATION

ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.

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

Cardholder:_____ Relationship to Cardholder:_____

Insurance Co. Address:_____

Insurance Co. Phone:(_____)_____

PERSONAL MEDICAL INFORMATION

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

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, 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/serious injuries and dates within the past 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.

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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 myself. In the event of an emergency and neither my primary contact nor secondary 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 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 part in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian:_____ Date:_____