



Medical Release Form / Permission to Treat

Name of Church: Bethesda Baptist Church

City/State: Durham, NC

Personal Information: Name of Participant: _____

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

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

Emergency Contact Information: Parent/Guardian: _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

Secondary Contact: _____ Relationship: _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

Insurance Information: *Attach a copy of insurance card to this form. Insurance Co: _____

Group #: _____ Policy #: _____ Cardholder: _____

Relationship to Cardholder: _____ Insurance Co Address: _____ Phone: _____

Personal Medical Information: Physician's Name: _____ 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 regularly and/or brought with you: (Prescriptions MUST have pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past 5 years: _____

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization – I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee/staff to order X-rays, routine tests, and treatment for my participant. 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 place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian: _____ Date: _____