



2012 Medical Release Form/Permission to Treat

This form will be kept on file and can be used for all events occurring in 2012. Please complete a new form in the event any changes occur regarding the medical history or insurance coverage.

Name: _____ Social Security #: _____
 Birth date: ____/____/____ Age: _____ Sex: M F (Circle one)
 Address: _____ City: _____ Zip: _____
 Parent/Guardian: _____ Home Phone: _____
 Work Phone: _____ Cell Phone: _____
 Parent 2/Guardian 2: _____ Home Phone: _____
 Work Phone: _____ Cell Phone: _____
 Secondary Contact to notify in event of emergency: _____
 Relationship: _____ Phone: _____

Please supply ALL of the following information and attach a copy of your insurance card.

Medical Insurance Co.: _____ Group #: _____
 Policy #: _____ Phone: _____
 Address: _____
 Physician: _____ Phone: _____
 Limitations (Asthma, diabetes, allergies, etc.) and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

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

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

The above information and health history is correct to the best of my knowledge. 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 First Baptist Church of Chiefland, FL to perform any medical procedures such as order X-rays, routine tests, and treatment for my child. 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 First Baptist Church of Chiefland, FL, and its employees or agents from any and all 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: _____

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of Florida and 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. 2012

Notary Public Signature _____

My commission expires the _____ day of _____, A.D. _____