

# MEDICAL RELEASE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ City, Church Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ (If different from above)

Employed by \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Evening/Night Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Are you currently taking medicine or treatment?  yes  no

If yes, explain \_\_\_\_\_

Have you been restricted from sports or swimming for any reason?  yes  no

If yes, explain \_\_\_\_\_

Date of last Tetanus Toxoid Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?  yes  no

If yes, explain \_\_\_\_\_

Do you have:

List any Allergies:

Sinus Trouble

Food \_\_\_\_\_

Hay Fever

\_\_\_\_\_

Heart Trouble

Drugs \_\_\_\_\_

Epilepsy

\_\_\_\_\_

Asthma

Other Medical Needs: \_\_\_\_\_

Diabetes

\_\_\_\_\_

Communicable diseases? If yes, please explain \_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

Event: \_\_\_\_\_

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child or to any Kansas-Nebraska Convention of Southern Baptists staff person, or their designee, who is present at the above mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.



Parent/Guardian Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_

Mailing Address to Submit Claims: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Number \_\_\_\_\_

If I cannot be reached, please notify \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

(HOME)

(WORK)

(CELL)

Today's Date \_\_\_\_\_

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.

