



MEDICAL RELEASE FORM/ PERMISSION TO TREAT

Name of Church: Sandy Ridge Baptist Church
City/State: Hickory, NC

Name: _____
SSN: _____ Birthdate: ___ / ___ / _____ Age: _____ Sex(M/F): _____
Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian: _____
Home Phone: (_____) _____ Work: (_____) _____
Emergency Contact (other than parent) _____
Their relationship to you: _____ Phone: (_____) _____

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

Medical Insurance Co.: _____
Policy #: _____ Group# _____
Company's address: _____
City: _____ State: _____ Zip: _____
Family Physician: _____ Phone: (_____) _____

Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, food, rare blood type, wears contact lenses, etc.):

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

List all operations/serious injuries and dates within the past five (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.

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 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 for my child 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 Trinity Fellowship 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 _____

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

The State of _____ the County of _____
Before me, a Notary Public, on this day personally appeared _____
_____ known to me (or proved to me on the oath of _____
_____) to be the person whose name is subscribed to the foregoing instrument
and acknowledged to me that he/she executed the same for the purpose and
consideration therein expressed. Given under my hand and the seal of the office this _
_____ day of _____, 2007.

Notary Public, Signature

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