

## Medical Release and Consent Form

Print two of these forms, notarize each form, attach a copy of insurance form or card to each, and bring both to registration.

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
Name of Church \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_ Phone Numbers - Home:(\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_ Pager:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

### Medical Profile

Generally, participant's health is: (check one) \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

If Fair or Poor, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems and explain: asthma\_\_\_ sinusitis\_\_\_ bronchitis\_\_\_ kidney trouble\_\_\_  
heart trouble\_\_\_ diabetes\_\_\_ dizziness\_\_\_ stomach upset\_\_\_ hay fever\_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Childhood Diseases: chickenpox\_\_\_ measles\_\_\_ mumps\_\_\_ whooping cough\_\_\_ other \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number \_\_\_\_\_ Place of Employment \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Permission for Medical Treatment and Release and Indemnity

My permission is granted for the event director, church official or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Summit Woods Baptist church and their employees from any and all claims, demand, actions or causes of action, past, present, or future arising out of any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in this event.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)-

Participant's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_