



NORTH MAIN BAPTIST CHURCH

**MEDICAL PERMISSION
AND RELEASE FORM**

Participant Name _____

Address: _____

State: _____ **Zip:** _____ **Phone:** _____

Date of Birth: ___ / ___ / ___ **Current Grade:** _____

In the event of an emergency, provide the name and phone number of a friend or relative that can be contacted. Also provide insurance information.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Insurance Company: _____

Claims Mailed To: _____

Policy #: _____ **Group #:** _____

Physician's Name: _____ **Phone:** _____

MEDICAL HISTORY

(Check all that apply)

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes

Allergies: **Food** _____

Drugs: (List by Name) _____

Insect Stings/Bites: _____

Previous Operations or Serious Injuries: _____

Any Current Medications: (List by Name) _____

Date of last Tetanus Shot: _____

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the staff of North Main Baptist Church, or the bearer of this document, to obtain necessary medical attention, x-rays, routine tests, and treatment in case of sickness or injury to the above named person from 9/01/09 to 8/31/10. I hereby give consent to the physician selected by the bearer of this document to hospitalize, to secure proper treatment for, and to order injections and or anesthesia and or surgery for myself as named on this form. I agree that a photocopy of this consent form may be used by any health provider as evidence of my consent. I hereby release North Main Baptist Church or any adult supervisors of any liability.

Parent or Guardian _____

Date _____

MEDICAL AUTHORIZATION & RELEASE FORM

Name of Child _____

I hereby release North Main Baptist Church and/or any adult supervisors of any liability.

Parent (s) Guardian Signature:

Date: _____

I give any Adult Supervisor of any activity of North Main Baptist Church my permission to have medical treatment rendered to my son(s) or daughter(s) as deemed necessary.

Parent(s) (Guardian) Signature:

Date: _____

This document is good for a period to extend throughout summer 2010.
Expiration date — 8/31/10



NORTH MAIN BAPTIST CHURCH

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