

Red Bank Baptist Church - Annual Medical Release Form 2014

Participant Name _____ Grade _____ Age _____ Date of Birth ____/____/____

SS# _____ Address _____

City _____ State _____ ZIP _____

Male Female School _____

Red Bank Baptist Member? Yes No If no, I am a guest of _____

Name of Person to contact in case of an emergency: _____ Relation to Participant _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Profile

Generally, Participant's Health is: (Check One) _____ Excellent _____ Good _____ Fair _____ Poor

If Fair or Poor, please explain the 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/Seasonal Allergies

List any medications 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 ___ Measels ___ Mumps ___ Whooping Cough ___ Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone (____) _____

Health Insurance Company _____ Policy # _____

Subscriber Name _____ Subscriber # _____ Place of Employment _____

Subscriber DOB ____/____/____ Subscriber SS# _____ Subscriber Occupation _____ Work Phone _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the youth ministry staff, camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I hereby release and forever discharge Red Bank Baptist Church, Lifeway Christian Resources of the Southern Baptist Convention, and World Changers of the Southern Baptist Convention, camp or event sponsors, or state conventions and their employees from any and all claim, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in camp or events. I agree to indemnify the aforementioned for 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 camp or event or while on property leased or owned by Red Bank Baptist or Lifeway. Complete and sign below (students under 18 years of age requires Parent/Legal Guardian signature).

Participants signature _____ Date ____/____/____

Parent/Guardian signature _____ Phone (____) _____ Date ____/____/____

Notary Acknowledgement (Notary: please affix seal.)

State of _____ County of _____

Personally appeared before me, _____, _____, with whom I am personally

name of officer

name of the natural person executing the instrument

acquainted, and who acknowledged that he/she executed within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20 _____

Notary signature: _____

My commission expires: _____