

**First Baptist Church of Philadelphia, Mississippi
Medical Release Form**

(THIS FORM MUST BE NOTARIZED FOR LEGAL PURPOSES)

Please copy both sides of your INSURANCE CARD and attach to this form.

Name _____ Age _____
(Last) (First) (Middle)
Address _____ City _____ State _____ Zip _____
Date of Birth ____/____/____ Male _____ Female _____
Home phone (____) _____ Spouse phone: Home phone (____) _____
Cell phone (____) _____ Cell phone (____) _____

Please give the names and phone numbers of friends or relatives we can contact in the event of an emergency.

Name _____ Relationship _____ Phone (____) _____
Name _____ Relationship _____ Phone (____) _____

MEDICAL INFORMATION

Doctor's name _____ Phone (____) _____
Insurance company _____
Policy number _____ Group number _____
List any known food/drug allergies _____

List any medications taken regularly (include dosages and times) _____

Swimming:
I am a.....Non-swimmer ____ Fair swimmer ____ Good swimmer ____

Any other special instructions or things of note _____

MEDICAL PERMISSION

I, _____, by act of participating in trips, outings, activities, or camps sponsored by First Baptist Church of Philadelphia, Mississippi, do hereby give my permission for the designated/approved church representative to secure any needed medical treatment on my behalf. I authorize and release First Baptist Church representatives to speak to any physician on my behalf as they deem necessary. I release First Baptist Church representatives, chaperones, and/or sponsors from any and all liability for any accident or injury that may occur on these trips or activities.

I have supplied, understood, and agree to all the information contained in this Medical Release Form.

Signature

THIS MEDICAL RELESASE FORM IS VALID FOR ONE YEAR ONLY

NOTARY

Signature _____
Signed before me this _____ day of _____, 20____
My commission expires _____