

CBC YOUTH | MEDICAL RELEASE FORM/PERMISSION TO TREAT 2022

PERSONAL INFORMATION

Name: _____ Birthdate: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____

Primary Phone: _____ Work Phone: _____

Secondary Contact: _____ Relationship: _____

Primary Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Insurance Co.: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: _____

PERSONAL MEDICAL INFORMATION

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

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List all medications taken on a regular basis (prescription medications MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past 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 staff/counselors or designee of Central Baptist Church to order X-rays, routine tests and treatment. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physicians/medical personnel to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to the student 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 and forever discharge all sponsors and Central Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury by participating in this Central Baptist Church sponsored trip or 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 part in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian: _____ Date: _____