

# MEDICAL RELEASE FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ City, Church Name \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ *(If different from above)*  
Employed by \_\_\_\_\_  
Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening/Night Phone (\_\_\_\_) \_\_\_\_\_  
Are you currently taking medicine or treatment?  yes  no  
If yes, explain \_\_\_\_\_  
Have you been restricted from sports or swimming for any reason?  yes  no  
If yes, explain \_\_\_\_\_  
Date of last Tetanus Toxoid Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_  
Have you ever had a severe reaction to a bee/hornet sting, or insect bite?  yes  no  
If yes, explain \_\_\_\_\_  
**Do you have:** List any Allergies:  
 Sinus Trouble Food \_\_\_\_\_  
 Hay Fever \_\_\_\_\_  
 Heart Trouble Drugs \_\_\_\_\_  
 Epilepsy \_\_\_\_\_  
 Asthma Other Medical Needs: \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Communicable diseases? If yes, please explain \_\_\_\_\_

NOTARY SPACE

## EMERGENCY MEDICAL AUTHORIZATION

Event: \_\_\_\_\_

In the event of an emergency, I hereby give permission to the appointed sponsor who is with my child or to any Kansas-Nebraska Convention of Southern Baptists staff person, or their designee, who is present at the above-mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

Sign  
Here

Parent/Guardian Signature \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Mailing Address to Submit Claims: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Policy Number \_\_\_\_\_  
If I cannot be reached, please notify \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_  
Today's Date \_\_\_\_\_