

MEDICAL PERMISSION & RELEASE FORM 2011

Please Print Legibly

Name:(Last)_____ (First)_____ D.O.B._____ Gender_____

Home Address:_____ City:_____ State:_____ ZIP_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

In Case of Emergency, contact (must be a family member—list 2):

Name:_____ Cell #:_____ Day #:_____ Night #:_____

Name:_____ Cell #:_____ Day #:_____ Night #:_____

Medical Profile

Generally, my health is: (check one) Excellent Good Fair Poor

If Fair or Poor, please explain your condition:_____

List any medical difficulties for which you are CURRENTLY being treated:_____

List any medication you are CURRENTLY taking:_____

List any medicines or substances to which you are ALLERGIC:_____

Family Physician & Address:_____

Date of Tetanus Immunization:_____/_____/_____

Insurance Company:_____ Policy or Group #:_____

Address (City, State, ZIP):_____

Subscriber Name:_____ Subscriber #:_____

Place of Employment:_____ Work Phone:_____

Authorization for Medical Treatment

For myself and for and on behalf of my child under 18 years of age, I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatments, and administer medications to my child as deemed necessary by a physician.

Release of All Claims

For and in consideration of participation in youth events and trips with First Baptist Church of Cary, NC, for myself and my child I hereby acknowledge that we understand the risks, and we hereby assume all risks, and for myself and my child I hereby release First Baptist Church of Cary, NC, (collectively herein, "FBCCNC") and all of its employees and volunteer leaders from any and all risks, actions, causes of actions, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitations, for illness, personal injury, death, property damage, and personal, and hereby hold FBCCNC harmless and agree to fully indemnify FBCCNC from and against any and all Claims.

I hereby personally assume full responsibility for any and all Claims and for any and all hospital and medical bills for myself and my child. I hereby certify to FBCCNC that I have obtained and will maintain in full force and effect during any youth events or trips adequate primary medical insurance for myself and my child.

—Please complete and sign below (youth under 18 years of age requires parent /custodial signatures)—

Student's Signature:_____ Date:_____/_____/_____

Father /Custodial Parent Signature:_____ Date:_____/_____/_____

Mother /Custodial Parent Signature:_____ Date:_____/_____/_____

Notary Public

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (_____/_____/_____).

_____ Notary Public

My commission expires ____/____/____