
MEDICAL RELEASE FORM

Name _____
Address _____
City/State/Zip _____
Birthdate ____ / ____ / ____ Age ____ City, Church Name _____
Parent/Guardian Name _____
Address _____
City/State/Zip _____
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 _____

<u>Do you have:</u>	<u>List any Allergies:</u>
<input type="checkbox"/> Sinus Trouble	Food _____
<input type="checkbox"/> Hay Fever	_____
<input type="checkbox"/> Heart Trouble	Drugs _____
<input type="checkbox"/> Epilepsy	_____
<input type="checkbox"/> Asthma	Other Medical Needs: _____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Communicable diseases? If yes, please explain _____	_____
_____	_____

NOTARY SPACE

EMERGENCY MEDICAL AUTHORIZATION

Event: Eagle Retreat 2016

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.



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 _____
