

Medical/Permission and Release Form

Name _____ Birth date _____

Address _____ City _____ St. _____ Zip _____

Phone (_____) _____ Other Phone No. (_____) _____

In case of emergency notify: _____ Phone (_____) _____

Insurance Company: _____ Effective Date: _____

Claim Mailing Address: _____ City: _____ State: _____ Zip: _____

Subscriber ID: _____ Group Name/Number: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Subscriber Address: (if different from above) _____ City: _____

State: _____ Zip: _____ Claim Verification Phone #: _____

Subscriber Soc. Sec. No.: _____ Copay: _____ Relationship to Patient: _____

Please fill out shaded portion or you may attach a copy of the front and back of your insurance identification card

Past Medical History

(Check giving appropriate information)

Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___

Stomach Upset ___ Hay Fever ___ Other _____

Allergies: _____

Previous operations or serious illness _____

Any current medications your child is taking (list) _____

Special diet: (Name) _____

Childhood Diseases: Chicken Pox ___ Measles ___ Mumps ___ Whooping Cough ___

Other _____

Permission For Treatment

My permission is granted for the Minister of Students, church staff, church official, or group leader in charge to obtain necessary medical attention in case of sickness or injury to my student.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church The Woodlands and all sponsors from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Youth Activities/Camps/Retreats/Trips/fellowships.

Dated this _____ day of _____, 20____

Signature of Parent/Guardian _____