

# 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

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## 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 \_\_\_\_\_

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## Permission For Treatment

My permission is granted for the Children's Pastor, 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 Children Activities/Camps/Retreats/Trips/fellowships.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_