

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(____) _____ Cell 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>
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 church-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 (____) _____ or (____) _____
(HOME) (WORK) (CELL)

Today's Date _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against them by reason of such parties having relied on the provisions of this instrument.