

Medical Release Form

Name: _____ Birthdate: _____ SSN: _____
 Address: _____ Age: _____
 City/State/Zip: _____ Phone #: _____
 Grade: _____

MEDICAL INFORMATION:

Allergies: (medications, food, insect bites...)

Medications taken on a regular basis:

Significant medical history: (asthma, diabetes, past operations, serious illness, etc.)

Other medical info pertinent to this trip:

Immunization Dates:

Tetanus: _____ Polio Booster: _____ Measles: _____
 Mumps: _____ Other: _____

Health Insurance Plan: _____
 Name of Insured: (Policy Holder) _____
 Policy Number: _____
 Name of Primary Care Physician: _____
 PCP's Phone Number: (_____) _____

In case of emergency please notify: (please print) _____

Relationship to you: _____
 Phone Number: Home: (_____) _____ Cell Phone: (_____) _____
 City/State: _____

If this person cannot be reached, notify: (please print) _____

Relationship to you: _____
 Phone Number: Home: (_____) _____ Cell Phone: (_____) _____
 City/State: _____

Permission for Treatment

My permission is granted for any Kempsville Baptist Church staff member or team member in charge of this church-sponsored event to obtain necessary emergency medical attention in case of sickness/injury for _____ (your name). I, the undersigned do hereby release, remiss and forever discharge all those with Kempsville Baptist Church, Virginia Beach, VA, and the church itself 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 this event.

Signature: _____ **Date:** _____